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A Study in Contrasts

By ETHEL JOHNS, Director, Committee on Nursing Organisation of the New York City Hospital, New York

During the last five years my particular job in nursing has given me the opportunity of actually doing some work in eleven different countries on two continents.

In addition to that privilege my work brought me into touch with interesting men and women from many lands—the Fellows of the Rockefeller Foundation, who were sent to countries other than their own for purposes of study in science, in medicine and in nursing. This group was truly cosmopolitan in that it included Chinese, Japanese, Siamese, Filipinos and Negroes as well as British, Europeans and Americans. By listening to their animated discussions, usually in groups of two or three, it was possible to get, not only a vivid insight into conditions in their respective countries, but occasionally a new point of view on one's own.

One heard, for example, just how the Toronto public health nursing system strikes a Pole, a Hungarian, a Roumanian and a Frenchwoman respectively, or how a hospital in Montreal looks to a nun of Yugoslavia. These comments were intelligent and searching. They were indeed a study in contrasts in ideals and practice. It was even more illuminating to actually do nursing work in so many countries. It is much easier to get the "feel" of things when you are actually on the job. The field of observation is narrowed, but the experience is all the more intense.

What I have to offer you then, this afternoon, is simply a study in contrasts based on actual experience. It most emphatically is not an attempt to evaluate various national nursing ideals in education and practice, and to say: "This is good, this is bad." Conditions differ so widely in the various countries that it is impossible to arrive at a just basis of evaluation even if it were not an impertinence to sit in judgment without full knowledge. All I shall try to do, therefore, is to tell you very briefly what ideals English nurses seem to treasure most and how these compare with the aspirations of nurses in some European countries such as France and Austria, Poland, Hungary and Roumania.

It is obvious that differences in national temperament, habits of thought and social customs exist as between these countries. These differences profoundly affect nursing ideals and practice and, to some extent, account for the fact that nursing as we conceive of it, flourishes in England and developes more slowly in Latin countries such as France.

The Minister of Health in Roumania was talking one day about the difficulties of training nurses in his country. "Qu'est ce vous voulez, Madame, c'est une chose Anglo-Saxonne" said he—meaning thereby that the mental and temperamental "set" of English, American, Scandinavian and German women favours the acceptance of discipline and the willingness to perform disagreeable routine duties which are irksome to the Latin group.

Or to put it another way, I might quote a French nurse who said, "But of course the English make better nurses than we do. It is easier for them to submit to authority, to do what they are told. The English are so much less intelligent than the French."

Just where does the strength of the English nurse lie? Are we to agree with the courtly Roumanian Minister or with the straightforward French woman?

To one observer it seemed that the strength of the English lies in their common sense and in their deep devotion to duty. I cannot do better than pass on to you this estimate of

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English nurses made by a religious Sister from one of the Balkan countries. Just in passing I should like to explain that when she wrote this letter she had been studying the English language for only six months and, at the time, was observing in the wards of a large London hospital. She writes: "We are thinking that English nurses is a little like the London policemans. When the policemans is holding up his hand in the street all the peoples is stopping, even the busses. *They is not going on* like in our Balkan countries. But the English peoples is not afraiding of the policemans. They is liking of him very much because in England the peoples is loving always the order with the kindness. When did we go on night duty we is afraiding a little that we do not know to work well but Head Night Sister is always saying: 'Steady, now, steady', and so we steady like she says. I think in England all patients is knowing that some one is always *steady* for him even in the night."

So much for ideals. What about practice? The legal control of professional practice in England is, as you know, vested in the General Nursing Council, but lay and medical opinion make themselves strongly felt in nursing affairs in England just as they do, more or less, in all European countries. The influence of tradition and of social prestige must always be reckoned with. Change, when it comes at all comes slowly. Some nursing critics deplore this conservatism and deference to lay opinion, others consider it a wholesome check on undue professionalism.

In England stress is laid upon practice rather than theory. Requirements for admission emphasize character and temperament rather than intelligence. Nursing is still, to some extent, a vocation in the religious sense.

It is perhaps true that hospital nursing is that phase of professional work in which English nurses find their best expression. Public health nursing is developing relatively slowly both in England and in Austria, and does not, as yet, constitute the "growing point" of the profession as it does in France and in the Balkan countries. Many causes have contributed to this situation but the English and German temperament and character play an important part.

The private duty nurses in England have gone further toward developing a basis of co-operative practice than any other group in the various countries I visited. Their system might not bear transplanting, but it is well worth study. Incidentally they emphasize the importance of supervision in private duty practice, and have even achieved a measure of it.

Continental nurses criticize the English indifference to formal well organised courses of theoretical study. The thorough Germans and Austrians are just as shocked as the French at what they consider failure to give good instruction in the underlying sciences. As illustrating the English point of view I can only quote an English Nursing Fellow who, on her return from a visit of observation in the United States and Canada was asked what had impressed her most forcibly in those countries. Her reply was: "I think, perhaps, it was their almost pathetic belief in the virtues of education." She was not speaking in any snobbish or condescending way. She meant what she said, that is, that what is learned cannot always be measured in terms of what is taught.

I am sorry to say that I had no opportunity of observing nursing in Germany, but German influence is strong in Austria, and many of the leaders in Vienna had obviously been affected by German thought and tradition in nursing. As one would expect, in the more progressive schools, grounding in the basic sciences is thorough, the teaching is systematic and the discipline strict. The very best ward teaching I have ever seen anywhere was at the Kinderklinik in Vienna. Here nursing technique of the most highly skilled order is systematically taught by nurses to nurses on the wards regularly, daily, by the clock. Busy or not. Canadian hospitals please take notice.

Professional organisation, however, has not as yet gone very far in Austria. Unfortunately, the difficult political situation of the country since the war, has caused nursing associations to crystallise on political rather than on professional lines. No one regrets this more than the Austrian nurses themselves, and they look with pathetic envy at the countries in which nurses are free to organise as they will.

Public health nursing is not altogether in the hands of nurses in Austria. There is a tendency to emphasize its social aspects and, for that reason, a social service worker with some health background is more commonly found in the field than the graduate nurse.

In France, on the other hand, the public health field is preferred by nurses to all others. The best French schools prefer women specifically for the various phases of public health, and are inclined to let the huge city hospitals get along with the services of women of the trained attendant type.

The French nurse takes naturally to public health especially in its social aspects. A remarkable group of hospital social workers, most of whom are nurses, staff the social service department of the enormous Assistance Publique Hospitals of Paris. The influence of these women makes itself felt in the wards to an extent which justifies the belief that it may some day play a considerable part in raising professional standards among hospital workers themselves.

State registration of nurses in France is conducted under one of the governmental departments. The Conseil de Perfectionnement brings together not only the nurse educators of the country but also heads of hospitals and physicians. The French National Nurses Association in collaboration with the Belgian Nurses Association is making itself responsible for the next International Congress.

Poland has made astonishing progress since the war in the development of schools of nursing. In most of the Central European countries the maintenance of public health services is a matter of government concern. It is said that the attempts to conserve the younger generation by means of infant welfare programmes, and by combatting tuberculosis are not wholly disinterested but are inspired by militaristic motives. Whether this is true or not excellent policies in public health have been formulated, and are in process of being put into practice in Poland, Yugoslavia and Hungary.

Considerable assistance has been forthcoming from American sources, especially the American Red Cross and the Rockefeller Foundation. The School of Nursing in Warsaw which has served as a model for Poland was financed for some years by an American nurse, and has also been assisted by the Foundation. Its former able director, Helen Bridge, is an American nurse. Upon her marriage and retirement the direction of the School was placed in the hands of Polish nurses, many of whom had benefitted by study abroad. This school is organised on the American plan, has a high standard of admission requirements, and attracts a good type of student. One of its graduates holds a position in the Ministry of Health, which makes it possible for her to exert considerable influence on nursing developments throughout the country. Another notable Polish school is the University School of Nursing in Cracow. This school has, from the beginning, been under the direction of Polish nurses. Its director, Miss Marie Epstein, and her staff have done a remarkable piece of work under exceptionally difficult circumstances.

Polish nurses are primarily interested in public health, but not to the exclusion of other branches of nursing. Some of them have done fine work as teaching supervisors in the school wards of the great hospitals. The conditions under which some of these women work would appall most of us. Nevertheless, they say, and they are right, that unless the general standard of nursing in the hospital can be raised it is hopeless to expect that really sound training can be given to student nurses specialising in public health.

The National Nurses Association in Poland is organised on professional lines, and is very active.

In Hungary, two schools have recently been organised under the Ministry of Public Health, which constitute training centres for nurses associated with the official public health programme of the Institute of Hygiene. These institutes of hygiene are found not only in Hungary but in Yugoslavia and Poland. The directors are men of outstanding ability, and interesting and original work is being done especially in the rural districts. The programme could be expanded much more rapidly if more nurses were available. Naturally, under such circumstances, emphasis is placed on the public health aspects of nursing, and the unfortunate hospital patient is relegated to the care of attendants.

A close observation of the situation in Central Europe inevitably leads one to question whether eventually there may not be in these countries a more or less complete dissociation between hospital nurses and public health workers. Such a contingency seems disturbing to the more conservative among us, but it apparently has no terrors for some of the younger generation on either side of the Atlantic. The question which inevitably suggests itself is: can we all remain bound together in one sheaf? That is what nurses are asking themselves the world over. Consciously or not that question is being asked on this side of the Atlantic as well as on the other.

Nursing is a thing of infinite diversity. In some countries the necessity of training and licensing different grades of workers is recognised, in others it is ignored. We find that in a country like England, where, to quote an observing Fellow: "Nurses are trained on the slow system," it is an honourable and satisfying career for a woman to be Head Sister of the same ward for thirty years, and that a woman forty-five years old is considered rather young to be a matron. On the other hand, there are countries in Central Europe where most of the important posts are held by women in their late twenties and early thirties. Does that mean that England is wrong and the Central European countries right? Not necessarily. It may simply mean that maturity and youth have each certain qualities of their own which fit best into a given situation in different countries. To quote Miss Lloyd Still, Matron of St. Thomas's Hospital: "No country has the right to impose its standards on another country." No nation is pre-eminent in nursing. Do not let us be unduly impressed by long and honourable tradition; nor by mere size and numbers and excellence of organisation. These are things well worth striving for, but in themselves are not sufficient unto salvation.

The wind bloweth where it listeth, and perhaps some experiment in education is now being worked out in an obscure corner of China or Bulgaria or Spanish America which some day may affect nursing all over the world. So great an authority as Dean Goodrich, of the Yale University School of Nursing, who returned recently from the Orient, said that in Peking she had found what she considers "one of the very few real Schools of Nursing in the world."

In spite of its diversities and its contrasts, or perhaps because of them, the practice of nursing constitutes a great international bond. Such ties are not altogether broken even in time of war. It is to be hoped that we shall continue to hold fast to our sisters in other lands so that we may preserve our common heritage.

I cannot do better than close with another quotation from one of the Fellows, from a Balkan country where frontiers are frontiers and hard to get by: "When I did leave my country in order to study, I did think that frontiers were very high. Now that I have worked and learned in countries which once were our enemies, I am thinking that no frontier is so high or any language so strange that nurses cannot meet and speak together."

A Presidential Message

FLORENCE H. M. EMORY, President, Canadian Nurses Association

Many are the aspects of professional life which might be emphasized in preparing a message for Canadian nurses. Quite fittingly could one accentuate professional achievement during the past decade, or with equal appropriateness dwell upon the shortcomings of the group during a similar period. Profitable as that might be, the purport of this writing is rather to indicate briefly an intangible but none the less potent factor manifesting itself in present-day organised endeavour.

Nurses who, with perception and insight, attempted to analyse the wholesome energising influences which permeated the recent biennial meeting of the Canadian Nurses Association in Regina, were aware that a somewhat new but dominant note had been struck—the note of adventure. Originating it may be with a sense of strength borne of accomplishment, accentuated doubtless by the buoyant optimism of youth, and of a western atmosphere, always it was there; a conviction that the Association had reached maturity and that future progress would be conditioned largely by the degree to which that note of adventure, tempered by good sense and a true perspective takes possession of its individual members.

Influenced by such a spirit one is not surprised that a decision was made to abolish dual affiliation in the national association. To the uninformed the consequence of that action may savour of simplicity. Not so. It spells ardent adventure for provincial associations—adventure in securing increased mem-

bership. With them the future of organised effort in Canada stands or falls. Through them only can membership in the Canadian Nurses Association and the International Council of Nurses be secured. A spirit of adventure, too, was manifest in a willingness to support to the end, both morally and financially, the Survey of Nursing Education underway throughout the Dominion. Nothing has thrown into higher relief the best qualities of Canadian nurses than to favour so whole-heartedly a project which will undoubtedly reveal conditions not always reassuring. An adventurous spirit will go far in interpreting conclusions reached, and in putting into effect recommendations made to the end that nursing may meet individual and communal needs with satisfaction. At all events the nursing group is sharing in the support of the soundest procedure known to science in an effort to determine, and if needs be modify existing practice in nursing —the research method.

On behalf then of the Executive Committee let me plead for continued professional solidarity, for a constant growth of that spirit of unity so sedulously fostered by those who have given distinguished leadership to the organisation. In an arresting biography of Field Marshal Earl Haig it is stressed that one of the deepest convictions of that great soldier was his inherent belief in morale as the most necessary essential of any army, "It is the spirit that quickeneth; the spirit that gives victory," he was wont to say. So it is. The future, fraught with problems it may be, will be faced with confident equanimity if only that spirit—that spirit of unity in worthy adventure—be conserved and strengthened.

FLORENCE H. M. EMORY.

The Survey

We are now able to report another important stage reached in the progress of the Survey. During the summer months Dr. Weir conducted his investigations in Quebec and the Maritime Provinces, thus practically completing the field work in Canada.

The field work has been extensive. The Director travelled over 20,000 miles, visited over 100 training schools and hospitals, held meetings, conferences and interviews with approximately 4,500 nurses, 1,500 doctors, 2,500 student nurses and 1,500 interested men and women.

Unfortunately there are still some questionnaires not returned by the nurses to whom they were sent. These may still be completed and sent to Dr. Weir, Room 805, Medical Arts Building, Bloor and St. George Sts., Toronto, before December 1st.

The filling in of a questionnaire is indicative of professional pride and a desire to co-operate in this movement which is for the benefit of the profession as a whole. It, of course, goes without saying that no question is asked for idle curiosity. All the questions have been carefully thought out because of their important bearing on the social, economic and educational aspects of the profession. As a result of the replies, the Director will be able to make pronouncements on such very practical issues as unemployment, fees, hours on duty and problems of superannuation.

The British Empire Red Cross Conference

By JEAN E. BROWNE, Director, Junior Red Cross of Canada

Paintings of kings and queens of England hang on the walls of the room in St. James's Palace, where ambassadors of all the civilized countries of the world are received by the King. This is a famous room in a palace hundreds of years old, which is now the official residence of the Prince of Wales. It was in this room in May last that the Red Cross added another page to its history in the Conference called by the British Red Cross of all the Red Cross Societies of the Empire.

Empire Conferences are not unusual in these days; in fact, the week following the Red Cross meetings there was an Empire meeting of Boards of Trade to discuss economic conditions affecting the Empire. Governmental conferences are now frequently held in order to promote the solidarity of the British Empire. But never before has a conference of the Empire been held to discuss purely humanitarian activities such as those for which the Red Cross stands.

The Conference was opened by the Duke of York, who is Chairman of the Central Council of the British Red Cross. He gave a very cordial welcome to the delegates and spoke in the following inspiring terms of the work the Red Cross is doing throughout the world:

"I am happy to recall the association of my family with the Society. Not only is the King its patron and the Queen its president, but their Majesties never fail to take a deep and unceasing interest in its activities.

"About sixty years have elapsed since the Society started its work as a war-time organisation, and never was its efficiency more highly tested and proved than in the Great War.

"It is to its peace-time activities, however, that I would ask you to turn your attention today.

"I have recently been reading the reports of the Red Cross work in India, Canada, South Africa and Australia. All deserve high praise.

"Today what we want to see is the expansion of the activities of the Society to all parts of the British Empire and the civilised world. We want the work more widely known and more generally co-ordinated. The Red Cross is giving unique service to the whole of humanity, and if we can extend its circle among all nations we shall do much to help on the progress of the human race.

"A branch of the Society's work to which I wish to draw your attention is the Junior Red Cross. It has been started among children, both in this country and elsewhere, and it has unlimited possibilities. Remembering that the youth of a nation are the trustees of posterity, we must exert ourselves to foster the interest of the young in the formation of healthy habits of living, and in doing all they can to help the sick and suffering."

There was then a roll call of delegates. In addition to the representatives of the British Red Cross, there were delegations from the Red Cross Societies of the Dominions of Australia, Canada, New Zealand, South Africa; from India, from Kenya and Seychelles. The following colonies, which have not yet organised Red Cross Societies, sent representatives to attend the Conference: The Bahamas, Basutoland, Ceylon, Cyprus, Leeward Islands, Nyasaland, Palestine, Northern Rhodesia, Tanganyika, the Malay States, the Windward Islands and West Africa.

During the opening session representatives of all the Red Cross Societies of the Dominions were called upon to speak. Mrs. Waagen, who spoke for Canada, emphasized the idealism of the Red Cross and spoke impressively of the scope it gives for the expression of the very highest aspirations of men, women and young people.

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The evening of the first day the delegates were entertained by the British Red Cross at a brilliant dinner party where covers were laid for two hundred people. The guests were received by their Highnesses Princess Helena Victoria and Marie Louise. Sir Arthur Stanley, the Chairman of the Executive Committee of the British Red Cross, proposed the toast to the overseas delegates, and this was responded to by Mr. Norman Sommerville, Chairman of the Executive Committee of the Canadian Red Cross. It was a great speech, brilliantly conceived and eloquently delivered. The other speaker of the evening was the Right Hon. Stanley Bruce, former Prime Minister of Australia.

From a practical point of view, the first session of the second day of the Conference was full of interest, for it was then that the reports of activities of the various Red Cross Societies were given. It is impossible to publish here an account of all these many activities.

Dr. Biggar, in presenting the report of the Canadian Red Cross Society, told the story of the first Red Cross flag ever seen in the Dominion. This flag was made of a piece of white flour sacking on which a Red Cross, cut out of red cotton, had been roughly stitched. It was made and used in the Riel Rebellion by Dr. George Sterling Ryerson, who later on was chiefly instrumental in organising the Canadian Red Cross Society and was its second president.

Dr. Biggar also referred to the fact that much of the present peace-time work of the Red Cross in Canada had grown out of its earlier war-time activities, and said that this was particularly the case in regard to the great system of Outpost Hospitals and the Seaport Nurseries. The Canadian Red Cross was congratulated by the Chairman upon the splendid work it was doing in Canada.

A very significant feature of the Conference was the attendance of three Ministers of the Government. These were the Right Honourable Lord Passfield, Secretary of State for the Dominions and Colonies; the Right Honourable Thomas Shaw, Secretary of State for War; and the Right Honourable Arthur Greenwood, Minister of Health. Lord Passfield, in a speech delivered at the opening session, emphasized how necessary the Red Cross is as an auxiliary to the Government, and suggested in a general way its functions and scope. Mr. Shaw expressed the gratitude of his Department to the Red Cross for its valuable services in time of war. Mr. Greenwood, in his opening remarks, said it was true that the Red Cross was born in war, but it lived in peace. It was, he said, a sign of the progressive spirit of the Red Cross that it had realised that peace is the normal condition of mankind. He said that he believed more could be done for mankind by friendliness, by succouring the suffering and by trying to prevent human suffering than by any other means, and to accomplish these ends there must be the utmost co-operation between Government authorities and voluntary organisations. In conclusion, he said how gladly the Government of Great Britain welcomed this Conference, and so far as he was concerned he would regard the Red Cross as a great ally in alleviating human suffering and in combating disease.

On the afternoon of the second day, Junior Red Cross had its place on the general programme, the topic being "The Red Cross and Education."

During the middle of the week the Conference broke up into committees. Canadian Juniors will naturally want to know the report made by the Junior Red Cross Committee. The following is a copy:

"The Junior Red Cross Committee was opened by Lady Northcote, the Chairman of the British Junior Red Cross Committee. Lady Northcote in her very inspiring opening remarks struck the keynote for the work of the committee. Lady Northcote said, in part:

> " 'In inaugurating the deliberations of the Junior Sub-Committee in connection with our Conference,

I feel that we are making a step forward in this very important branch of Red Cross work. Looking to the future of this great movement we must all feel that it is of the first importance that young people should be brought into touch with the Red Cross and that the enthusiasm and sympathy of youth should be aroused.'

"Following Lady Northcote's opening remarks a casket containing greetings from New Zealand Juniors to British Juniors was presented to her by the New Zealand delegate, who asked Lady Northcote to accept it with the affectionate greetings of the New Zealand children.

"Unfortunately, Lady Northcote was unable to preside over the later sessions of the committee, and in her absence Miss Cross, Director of the British Junior Red Cross, presided.

"The matters on the agenda fell under four headings:

1. Health.
2. Help to Sick and Suffering.
3. Co-operation with existing Juvenile Organisations.
4. The International and Imperial Aspect.

Valuable contributions to the discussion were made from various parts of the Empire.

"In the discussion emphasis was laid on the fact that the Junior Red Cross as a voluntary organisation should work in the closest co-operation with existing governmental authorities both in the field of education and public health.

"Representatives of other juvenile voluntary organisations were present at a meeting and signified their willingness to co-operate in any way possible with the Junior Red Cross. Representatives of the Girl Guides' Association suggested that co-operation was especially valuable to them in relation to health courses.

"Various other technical matters in connection with the organisation of the Junior Red Cross were discussed at length by the committee. It was felt in drafting the resolutions that no special method should be adopted, but rather that general principles should be laid down.

"As a result of the deliberations of the committee the following resolutions were unanimously passed for submission to the plenary session:

"'1. This Conference recognises the Junior Red Cross as an integral part of the Red Cross, to whose peace-time programme—the promotion of health, the prevention of disease, and the mitigation of suffering—it should conform. It therefore recommends that the Red Cross Societies should make every effort to extend the organisation of their Junior Red Cross activities.

"'2. While all Junior groups derive their programme and inspiration from the Red Cross, the Junior Red Cross exists mainly as a voluntary movement in schools and its organisation is and must be adapted to the school system of each country.

"'3. The Junior Red Cross aims at co-operation with other juvenile organizations in all fields where such co-operation can contribute to the promotion of health, help to the sick and suffering and the furtherance of international good-will.

"'4. This Conference recognises the value of the Junior Red Cross in drawing together the children of the Empire.'

"The sub-committee desire in conclusion to bring to the attention of the Conference a resolution which was adopted unanimously in the following terms:

"'The sub-committee particularly appreciates the importance of the preparatory work done by Miss Cross, Director of the British Junior Red Cross, and wishes to place on record its sense of the value of the Junior Red Cross Demonstration and Pageant organised through her efforts.'"

One of the high lights of the Conference was the Junior Red Cross performance in the Scala Theatre. To this were invited all the delegates, and representatives of the British Government and London County Council. I am quite sure that many of these people went to the Scala Theatre knowing little or nothing of Junior Red Cross, and it was amusing to watch the amazement with which many of them woke up to the remarkable achievements of this great international organisation of children and young people. . . .

I wonder how many of our readers know that Queen Mary is herself the President of the British Red Cross Society? Because of her great interest in the Red Cross she received the overseas delegates at Buckingham Palace. She is far more lovely really than any of her photographs indicate. She stands with such beautiful "queenly" posture, her words are so kind and her manner so gracious that one is reminded of that exquisite poem of Hillaire Belloc's, "Courtesy":

"Yet was her face so great and kind
For Courtesy was in her mind."

Of all the great queens in the annals of English history, surely not one could ever equal in loveliness or in graces of mind and spirit our present Queen Mary.

On the closing day of the Conference a great event took place at Hatfield House, when Princess Mary reviewed detachments of V.A.D.'s from Rutland, Hertford, Bedford, Buckingham and the city of London, and at the conclusion received the delegates. Princess Mary was wearing the tailored uniform of a V.A.D. commandant, and in it she looked slim and girlish.

Hatfield House was built in 1610 by the first Marquis of Salisbury. It has priceless pictures, tapestries, books and furniture. There is a very old building on the grounds called "the old palace." In the central part of it is a low tower, and in a small apartment of this tower Queen Elizabeth lived as a child. It was here that her half-sister, Queen Mary, last visited her, and it was here, too, that she was imprisoned during that same sister's reign. "The Queen's Oak" still stands. It is said that Elizabeth was sitting under this oak when the Lord Chancellor came to announce to her that she was Queen of England.

You will see from what has been told of the Conference so far that the delegates did not spend all their time in formal sessions. Indeed, one suspects that the wise people of the British Red Cross who arranged the Conference believe that often more can be accomplished through social, informal contacts than in a business meeting. At any rate, many such occasions were arranged. One of the most notable of these was the luncheon given at Mansion House by the Lord Mayor of London and the Lady Mayoress. The Lord Mayor, in his crimson and ermine robes of office, with the heavy golden chain about his neck, received in great state. The dining-hall of Mansion House is a magnificent room of huge dimensions. The Lord Mayor himself, after proposing the toast to the King and the Royal Family, proposed a toast to the Red Cross delegates. This was responded to by Archbishop de Pencier of British Columbia, a representative of whom the Canadian delegates were indeed proud.

Besides the representatives of the Empire, Mr. Max Huber, the distinguished President of the International Committee of the Red Cross; Colonel Draudt, Vice-Chairman; and Mr. Kittredge, Secretary-General of the League of Red Cross Societies, and other representatives of the League, attended the Conference and made important contributions to its meetings.

The writer has had the privilege of attending several international Red Cross Conferences, and although all have played their own particular part in making history in the peace-time development of the Red Cross, yet none seem to have touched the heights reached and held by the British Empire Conference of 1930. There may be many reasons to account for this, such, for instance, as a common language and common ideals. But pre-eminently its success was due to those guiding spirits of the British Red Cross who conceived the idea and brought it into execution—Sir Arthur Stanley and his chief executive, Brigadier-General Champain.

When a biography of Sir Arthur Stanley is written, I trust it will find its way into every class-room in Canada, for he is one of the great men of our age. He belongs to one of the old

noble families of England. For hundreds of years a Stanley has played a leading part in the affairs of the country. Sir Arthur's father was Governor-General of Canada when he was a boy, and his eye still sparkles when he recalls Canadian sports and the fun he had in Ottawa and at the citadel in Quebec. The "Stanley Cup," of hockey fame, was given by his father, and many hospitals in the smaller towns across Canada bear eloquent witness of the activities of his mother. Sir Arthur saw service in the South African war and there developed an illness which would have made a bed-ridden invalid of a less intrepid spirit. In spite of this great handicap and the suffering which accompanies it, Sir Arthur Stanley carries on an unusually active life. It is hard to tell which is his chief hobby—the Red Cross or St. Thomas's Hospital. The Red Cross rheumatism clinic established during the last year in London, and soon to be copied in other parts of England, is an example of his ability to put ideals into action. As chairman of a conference, one ventures to state that he has not an equal in the world. His astuteness in handling an agenda, his diplomacy, his tact, his humour, his gay and gallant spirit, all contribute to the making of an atmosphere of cheeriness, good-will and satisfaction in things accomplished, without which no conference can be a success.

But it was General Champain who organised and conducted the campaign which was so carefully carried out in connection with this great Conference. His qualities of "generalship" were seen to emerge in this peace-time operation, and he won the grateful thanks of all the delegates for his masterly management of everything in connection with it. It is to be hoped that he may soon visit Canada and that many of our Canadian Juniors will have the privilege of welcoming him.

BALLAD OF A HOSPITAL

The author of the following poem, the late Dr. A. J. Campbell, was a man of brilliant parts. After a distinguished undergraduate career and a period as interne in the Royal Infirmary, Edinburgh, he settled down in the little country town of Duns in Berwickshire. He might have aimed at a much higher position in the profession, but he elected, as so many first class doctors fortunately do, to serve mankind with small consideration to financial returns. Unfortunately, while still comparatively young, Dr. Campbell developed symptoms of tuberculosis, and it was while under treatment for this complaint that he wrote the verses given below. He died very shortly afterwards at an age when most men are in their prime. (By Dr. Miller, pathologist, Queen's University, Kingston, a friend of the late Dr. Campbell.)

In gray or striped, in pink or blue,
  Or dainty plump, or stately tall,
What have the years in store for you?
  What future lot to you shall fall?
(After a month of gentle thrall
  And three parts whole in wind and limb,
A limping bard attempts to scrawl
  His thanks for what you did for him.)

From snowy cap to polished shoe,
  Winsome and pure as fire withal,
You might have pleased the startled view
  Of that misogynist, St. Paul.
Alert to every patient's call,
  Who when the morning glimmered dim
Waved to your shadow on the wall
  His thanks for what you did for him.

You shall arrange and plan anew
  Method and time in hospital,
And You shall nurse the great or do
  First service to the very small,
Round You shall cling in happy brawl
  Babes turbulent with life and vim,
Whose father cannot utter all
  His thanks for what you did for him.

Envoy

Women! When Gabriel's trumpet shall
  Blare from the last horizon brim,
God speak throughout His Judgment Hall
  His thanks for what you did for Him!

The Care of the Surgical Diabetic

By LILLIAN A. CHASE, B.A., M.B., Regina, Saskatchewan

In spite of the fact that new methods have been in use for treating diabetics for eight years, these new methods are not yet universally known.

Concise rules are given by Dr. Richard Ohler, writing in the New England Journal of Medicine. He states that the most important single service in the proper care of the surgical diabetic is to supply the patient with a competent special nurse, or to detail one of the ward nurses to the special care of the patient. He goes on to say that provision should be made for frequent testing of the urine for sugar and diacetic acid *on the ward*. This is of much greater value than collecting a twenty-four hour specimen and waiting till the next day for the report.

Dr. Ohler suggests this rule for the proper dose of insulin:

Sugar test: Blue, no insulin; greenish, 5 units; yellow green, 10 units; brown, 15 units; red, 20 units.

These are his pre-operative rules:

(a) Where the operation is one of choice:

1. Patient sugar free and blood sugar below 250 milligrams, on an adequate diet.

2. On the day of operation the patient is to receive from 30 to 50 grams of glucose in the form of oatmeal gruel or orange juice, at least two hours before operation.

3. If the patient is receiving insulin, morning dose of insulin to be given as usual at the time of the aforementioned glucose meal.

(b) Where the operation is one of necessity:

1. Test urine for sugar and diacetic acid and give insulin accordingly, the amount to be regulated by the colour tests of the urine as outlined.

2. Before operation introduce carbohydrate by some means—either a carbo-hydrate meal or glucose by rectum or intravenously; 30 to 50 grams of glucose is desirable.

Operative rules:

1. During the operation prevent heat and fluid loss as much as possible; keep the patient warm and covered.

2. In the severe case it is desirable to give 1000 c.c. of saline solution subcutaneously before the patient leaves the table.

Post-operative rules:

1. Immediately after operation, start rectal drip of tap water.

2. Test urine within first hour and give insulin, if necessary.

3. Test urine every two hours subsequently for the first twenty-four hours, give insulin whenever necessary. Test urine every four hours during the second day. Test urine four times the third day; that is, before each meal and at ten p.m.

4. Start fluids by mouth as soon as possible; give 1000 c.c. in the first twenty-four hours.

5. If fluids cannot be taken by mouth, give glucose by rectum or intravenously.

In summing up the treatment it is seen that the chief points are to get in fluids and glucose and cover this by sufficient insulin.

Department of Nursing Education

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The Co-ordination of Teaching of Nursing with that of Science

I

THE IMPORTANCE OF THE TWO

By MARY CAMPBELL, Supervisor, Victorian Order of Nurses, Halifax, N.S.

In considering the subject of our Round Table, "The Co-ordination of the Teaching of Nursing with that of Science," I have been asked to make a comparison of the importance of these two.

It is with a great deal of diffidence that I undertake to express views on a subject of such vital importance to schools of nursing at the present time.

Here I shall have to be frank with you and admit that although attempting to discuss this subject I am not associated in any way at present with the teaching of the undergraduate. I am rather dealing with the finished product of the schools. For this reason I have had to draw on many sources for information. Information regarding the time spent in teaching has been very indefinite. So much so that I find it difficult, if not impossible, to discuss.

Passing on to the importance of each, I shall deal first with the sciences.

A knowledge of the sciences is necessary to help us study and appreciate the laws of nature and the world in which we are placed. Besides serving as a general background, the study of the basic sciences is necessary to the understanding and application of the teaching of nursing procedures.

I shall deal with some of the subjects usually taught and known in the schools of nursing as basic sciences. These include anatomy, physiology, chemistry, bacteriology, psychology, materia medica, and dietetics; and I shall endeavour to give briefly, reasons for considering these subjects important.

Anatomy and Physiology: A knowledge of the composition of the body cells, tissues and membranes should prepare the student for principles of bathing, use of hot and cold applications, etc. A study of the digestive system helps with diets, care of the mouth and teeth, lavage and rectal irrigation. A knowledge of the circulatory system aids with the study of the pulse, blood pressure and counter-irritants, etc., while a study of the respiratory system aids in taking respirations and in showing importance of posture in dyspnoea, etc. The study of the eye and ear shows channels of drainage necessary for giving successful irrigations. Understanding of bone development gives the basis for healing of fractures. Emphasis on bony projections calls attention to the nursing care of the back, etc., of the patient.

Bacteriology: The importance of surgical cleanliness is likely to be

(This paper and the following ones were read at a Round Table, Nursing Education Section of the Canadian Nurses Association General Meeting, 1930.)

more firmly impressed on the nurse if she sees bacteria live, grow and multiply on subjects which appeared to her naked eye as clean, rather than if she follows by routine direction methods of cleanliness in order to protect herself, her patient and the community.

Chemistry: Most necessary as a preparation for studying other sciences. Without chemical analysis we would not be able to understand physiology, bacteriology or dietetics. Food values would not be revealed, nor energy metabolism or anything pertaining to our more recent knowledge of nutrition understood.

Psychology: Necessary in order to interpret human behaviour, thus enabling the nurse to have a more sympathetic understanding of the patient's needs and thereby better able to make personal adjustments.

Dietetics: Without sufficient knowledge of dietetics, food may be given without any understanding of nutritional needs. Dietary treatment of disease could not be followed intelligently nor a proper, well-balanced diet planned for the well or convalescent.

Materia Medica: The study of materia medica is necessary if the nurse is to learn how to handle drugs, antiseptics and disinfectants. She should be familiar with the active principles of drugs in order to understand their reactions. Without the study of materia medica it would be impossible to make solutions with accuracy, and the handling of potent drugs would be dangerous.

The importance of nursing, I presume, is so obvious to all of us that it requires very few words from me. Without practical nursing procedures we would not find expression for the knowledge we acquire through the study of the basic sciences; neither would we find the opportunity for service, which should be the prime motive of all our endeavours. Some one has said, "Nurses are judged by what they do, not by what they say." It is only through practice that we become capable of using our hands quickly and deftly. The knowledge we gain by experience in this way is not so easily forgotten. We develop habits of observation which are most important in caring for the sick, and we acquire system and uniform technique.

The purpose of nursing as we now understand it is to care for the sick, promote health and prevent disease. If this purpose is to be achieved, the nurses must assume responsibility to the patient, the family and the community. Here we require trained powers of observation and the ability to sense situations which only come through practical experience. Prevention and health teaching can only be done by close contact with the patient, and these aspects of nursing are now considered, I think, as fundamental as caring for the sick.

In caring for the sick our nursing procedures include bathing, feeding, and keeping comfortable, to the more difficult tasks of giving treatments, assisting the doctor at operations, keeping accurate charts and records on which the doctor so often depends for assistance in making his diagnosis.

The importance of all these things is relative to the patient's condition. Not infrequently his life may depend on the nurse's skill and judgment. Surely, then, nothing could be more important than the teaching of nursing procedures.

In summing up the relative importance of science teaching with that of nursing, I am reminded of what Dr. Osler has been quoted as saying, "To study the phenomena of diseases without books is to sail an uncharted sea, while to read books without patients is not to go to sea at all."

II

ANATOMY AND PHYSIOLOGY

By FLORA GEORGE, Superintendent, Woman's General Hospital, Montreal, P.Q.

In order to fully grasp the necessity of these two subjects one must appreciate the aim of each and try to correlate these aims.

It is agreed by all those interested in nursing education that the basic sciences, which include anatomy, physiology, chemistry and bacteriology, form the foundation upon which nursing education is built.

The Rockefeller Report states that the benefits to be gained through these sciences are: "training in accuracy of observation and of statement, training in manual dexterity through the exact use of material and apparatus; training in patience of observation and judgment in drawing conclusions. Of these benefits, it must be clear the nurse stands in special need."

Our particular interest is the teaching of anatomy and physiology in relation to nursing.

1. The aim of this particular science is not only to train our student in the above, but also, to give her a practical knowledge of the structure and function of the normal human body.

2. To give practise in the correct use of scientific terms.

3. To give her a basis for curative and preventive nursing treatments.

4. To supply facts and underlying principles.

5. To understand the cardinal symptoms.

The aims of Nursing Practice hardly need be discussed, briefly they are:

1. Relief of suffering.

2. Comfort of patients.

3. Cure of disease.

4. Prevention of disease and promotion of health.

Our objective in teaching principles of nursing is to give the student: 1. the fundamental principles or reason why, 2. manual dexterity, 3. system, 4. finished technique, 5. development of habits of observation, 6. an appreciation of the therapeutic effect and safety. With such aims in view it seems hardly possible to teach one subject without the aid of the other.

Our results will depend greatly then, upon the teacher, students, equipment and methods selected.

In commencing our preliminary course nursing and anatomy and physiology are usually taught at the same time, and in many schools by the same teacher. The preliminary student's interests at first are diverted more to equipment than to patient.

Usually in the first month, the student does not grasp more in nursing than the corners of the bed, or the intricacies of an ambulance bed. During this time rapid progress may be made in the study of cells, tissues, etc., all as yet so foreign to the student.

Shortly the application of heat and cold become the object of her thoughts, and at this same time the story of cell formation can be reviewed, the picture of the progress of inflammation clearly outlined.

One feels certain that this is the step where nursing and anatomy and physiology meet and from here on should travel side by side.

As each new set of procedures, i.e. catheterisation and bladder lavage, etc., is taken up, the anatomy and physiology of that system of the body is reviewed and with greater interest, the normal condition, the abnormal, the nursing treatment, results desired and untoward results are studied.

Again, a visit to the ward of a fracture patient, seeing the splint, the fracture bed, looking at the x-ray plates if possible, directs the student's interest to a particular bone, etc.

Bedside clinics given by the surgeon or physician can do a great deal to correlate the two subjects if properly given; as examples we have tried: one patient suffering with choleolithiasis on whom a clinic to the nurses having surgical nursing lectures was given.

Method carried out: Review of liver, gall bladder and ducts—relation and situation, etc. Drawings with colored chalk. Possible diagnosis as to position of calculi, etc. The following morning the students were permitted to attend the operation, and were keenly interested.

Another bedside clinic was given on a kidney case. Same procedure of review of anatomy and physiology assisted by pyelograms enthused the students; reasons and effects of nursing treatments in the cases freely discussed.

A mental picture of these two cases will remain in the student's memory for some time.

The same methods can be followed in medical nursing thus associating the two subjects until it is difficult to teach one without the assistance of the other.

In this way the free attention of the class is caught and an intense interest in the vividness of the subject is created. One can always obtain better results when a definite relation can be shown between the subject taught and one's every day work.

A definite aim and desire on the part of the teacher to interest her students also helps to bring about better results. It has been said that "good teaching is the art by which the right people teach the right persons the right things at the right time."

III

HYGIENE

By SISTER KRAUSE, Assistant Superintendent of Nurses, St. Boniface Hospital, St. Boniface, Man.

Hygiene, or the science of health and its preservation, is the oldest of all sciences, because the endeavour to preserve health and prolong life dates from the beginning of mankind. The cause of disease was a momentous question in early times and curious beliefs arose out of the efforts to determine the loss of health and crude attempts were made towards preventive and hygienic care.

Probably the most familiar of the early writings on the subject are the laws of Moses for the guidance of his people. Since practically nothing was then known as to the direct cause of disease, these laws were carried out empirically, though the measures recommended for cleanliness, the prevention of the spread of contagion, for the isolation of contagious diseases and renovation of dwellings inhabited by individuals afflicted with such maladies are sufficient to prove that they were formulated from close observation and experience. It is due largely to the inculcation of these precepts handed down from generation to generation, that we follow particular modes of living and still instinctively avoid certain conditions then thought to be harmful.

The older writings on hygiene were mainly speculative, representing the dictates of instinct, but were never-

theless of undoubted benefit to those who heeded them. The meaning of "health" in those days was merely freedom from disease. People believed themselves healthy because they were not confined to bed. It was not and could not be known what heights might have been attained in human health and living if all available means for their improvement could have been employed, and this lack of knowledge of health as a quality of life prevented the realisation of a greatly superior type of life. With the progress of time, the growth of communities and the demands of modern living, it became evident that the earlier codes must be repudiated and new ones made to meet the new conditions.

About the middle of the past century it was realised by those who endeavoured to place hygiene on a sound basis, that through the study of man and his surroundings much light could be thrown upon the hitherto imperfectly understood problem. In consequence, through the utilisation of sanitary science, bacteriology and vital statistics, the empirical hygiene of the past has to a great extent given place to the modern rational hygiene. It is scarcely more than three score years since sanitary science has been firmly established, in spite of the fact that man has always realised his dependence upon air, soil, water, food, dwellings and other external factors by which life is influenced.

The greatest impulse towards the establishment of modern hygiene has been given to bacteriology, for since the discovery of pathogenic bacteria and their characteristics, astounding progress has been made in combating their ravages. Still it was impossible to determine the exact state of public health before vital statistics had become established, but since then the waste of life and health from various and often preventable causes became evident and the importance of prophylaxis was realised.

Amongst those combating disease and death, there are few whose work is so far reaching, whose endeavours are so valuable and whose work is so important as that of the nurse. Not only as an aid to the physician, but also by her own work in prophylaxis, has she become one of the most important conservators of human life and her role in the prevention of disease and death cannot be overestimated.

No one denies the great utility of the nurse's work in the hospital, the home, the school, the factory, in the social part of dispensary work, the milk stations, in the preventive work undertaken by life insurance companies and in the various other health activities which have been opened to her. In all these organisations she has unusual opportunities to teach and interpret hygienic procedures to the public, hence it is obvious that a fundamental knowledge of the principles of hygiene is essential for intelligent and successful work and that she have a clear understanding of the application of the laws of hygiene to the care of her own personal health, for she must teach not only by words but also by example.

The nurse must also be aware of the fact that the instruction of hygiene must be something more than the mere presentation of hygienic facts and the conviction that they are useful only as they are lived. She should teach her patients and others to cooperate with society and realise their social obligations toward others. An individual who employs a sound physical body for purely selfish and undesirable ends and values his health only in proportion that he is able to support himself and cause no burden to the community, may be considered as socially sick. Emphasis should be directed toward the importance of constantly aiming at that superior purpose of life—not health alone but service; in other words, to reach that ideal goal—"to live most and to serve best."

IV

PSYCHOLOGY

By ANNIE F. LAWRIE, Assistant Superintendent of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

To Alberta has been allotted the task of enumerating the importance of teaching Psychology to student nurses, the value of which has hardly been realised, for up to the present time it has held a very minor position in the curriculum.

During the last month, a questionnaire was sent out to about 35 or 40 of our larger schools from which the following interesting facts have been obtained: 21 schools reported giving a course of psychology with lectures ranging from 2-25. Of these, 8 have established the course during the preliminary period, 6 during the first year, 4 during the second year, 1 during the third year, while 2 divided their lectures between the first and third years. The lecturer in the majority of these cases was the instructor of nurses while in 6 schools the course was given by a psychologist. Thirteen schools reported that no course in psychology had yet been established.

"Why do we need to burden the already overloaded curriculum with such a subject?" is heard from every side. Practically all of us here today have had some study in this science, and now realise more fully than before how invaluable such a course would be to the student nurse, provided the sign-posts of psychology are interpreted correctly, and such knowledge used to establish a better understanding of personal difficulties as well as those of the patient. The path we tread from the cradle to the grave will give us this knowledge, but such an experience is rather wasteful of time and energy, and often gained too late to be of much value to the individual.

No other profession has a greater need of an understanding of people than the nurse, as she is brought in daily contact with all grades of society in every hour of their need, and in all stages of life. The greater her understanding of human nature, the greater will be her ability to cope successfully with every situation that may arise. It will help her to co-operate not only with the physician, but with every individual contact that is made. That ability to "get along with people" is one of the most necessary assets in a nurse's career.

She must know how to deal with every variety of patient, from the one who refuses to co-operate and is continually disobeying orders, to those who are drug addicts, social derelicts, as well as the delirious patient, the hysterical, the neurasthenic, and a great many other varieties, too numerous to enumerate. We all know the worry of over-anxious, fussy, and interfering relatives who may almost drive the nurse to distraction—these she must know how to handle carefully in order to further her patient's recovery, for mental worry is a great factor in prolonging any serious illness. The student nurse will need special training in order to enable her to handle any of these cases. All that psychology has to offer to assist in nursing the mind as well as the body should be recognised as an essential part of her professional training.

On the other hand there are various types of adjustments to be made as to hours of work, play, study and rest. In work and play, as well as rest, she must learn to make new adjustments in an environment so different to any she has ever been in before. She needs psychology to help her in establishing good habits of study, for the amount of new knowledge that she is expected to acquire is most surprising. Few beginners in any profession are required to cover such a range of strictly new subject matter in so short a period as the preliminary student.

These are a few of the nurse's needs for psychology which may help us to realise how urgent is the necessity for giving that science its proper place in the curriculum.

V

DIET AND DIETOTHERAPY

By ALICE C. LANGLEY, Travelling Dietitian for the Government of Saskatchewan

In the last generation diet as a controlling factor in disease has become a function of recognised importance, and its place as a preventative of certain diseases has become clearer with every year of research work. Elaborate and numerous experiments with animals and fewer but more important experiments with human beings have proved emphatically the direct relation of proper food to good health and of inadequate food to disease.

In many cases the physician now makes his principal treatment of disease a matter of diet and within the hospital the dietitian has become an important aid to the doctor, but in private practice and in public health work the doctor must depend largely upon the nurse for help in carrying out a dietetic treatment.

The dividing line between health and disease is very close and it is at times difficult to know where the normal stops and the abnormal begins, and for this reason it is necessary for the nurse to have a knowledge of the function of food in the healthy body before attempting to minister to the body attacked by disease, and to be capable of this she must have a real knowledge of the composition of food, the source from which it is obtained, its function, and the process of digestion and absorption as well as the preparation of food.

A few years ago, ten or twelve lectures and a term in the diet kitchen, ranging from two weeks to two months, in the preparation of light, soft and liquid diets was supposed to give the nurse the necessary information in regard to foods and dietetics, but the wider knowledge we now have regarding human nutrition makes it imperative that the nurse should know more than how to make jellies, custards and a few simple dishes. She must have an idea of: the quantitative ratio of protein to other food constituents; the effect the complete and incomplete proteins will have upon health and growth; and the relation of the mineral constituents and the vitamins to growth, certain deficiency diseases, reproduction and maintenance of health. The discovery of adrenalin and insulin has thrown light on the way in which food is utilised, and it is now a well recognised fact that the diet plays an equally if not more important role than medication in the convalescence of the patient.

The bedside nurse frequently finds the decision as to what the patient shall be fed her responsibility. She should be able to fill a simple dietary prescription and be able to report intelligently on its effect to the doctor; this will require more than a brief course in light, soft and liquid diets.

From experience I know the difficulty in arousing enthusiasm for dietetics in the student nurse. Her other lectures are more pertinent to the work she is doing and in her ward work she is constantly coming in contact with and applying the principles they involve, whereas she expects the food to come up from the kitchen at regular intervals without any effort on her part, and as long as it is passably attractive and there is sufficient to serve the trays she gives little thought to it.

In many cases the girl of today goes straight from high school to enter upon her duties as a student nurse and many know very little about the preparation of food beyond making fudge and perhaps a cake or fancy salad, all of which has little place in the hospital dietary. Cooking to her is having to stay in a hot kitchen and the drudgery of washing dishes. It will rest with the dietitian

to make her theoretical and practical lectures so interesting that unconsciously the student's attention will be aroused and she will come to know that food is not merely something to eat, and she will bring to her work in the diet kitchen an interest in the knowledge that upon the results of her work a measure of the patient's recovery will depend.

Few of the schools of nursing in the prairie provinces have a proper cooking laboratory in which the student nurse can have practise in the preparation of food before entering the diet kitchen, and while the dietitian may convey the idea through her lectures the actual knowledge must be gained by practical work. The time in the diet kitchen should be long enough not only to learn the procedures but to become proficient in the preparation and cooking of foods suitable for invalid dietary, but not so long that the work becomes simply a matter of routine or the student's interest will wane, and I have always steadfastly stood out against utilising the student nurse as a scullery maid.

During my experience as the Travelling Dietitian for the Provincial Government I have visited several of the small union hospitals, usually staying for a period of two weeks, and in addition to supervising the dietaries of these institutions I have given a refresher course of lectures to the nurses. The nurses in these hospitals are all graduates on duty all day, and my lectures must necessarily be given in the evening, so the taking of them is optional on the part of the nurse. The young graduate who has gone straight from her training school to these small institutions pays little attention, attends irregularly and frankly says she had all the dietetics she wants during her training. She has not yet done any private nursing and has not realised the responsibility that may, and will, devolve upon her in preparing food for her patient. But I have been very gratified at the support given me by the graduates of three, four or more years, they have told me of the difficulties they have encountered in planning and preparing their patient's meals and willingly give up their evenings for these lectures, especially those where the preparation of simple but attractive foods ranging from the liquid to the light diet is demonstrated.

In the different towns visited I find the citizens themselves most interested in this work of including in the curriculum of the student nurse a knowledge of food and its preparation. Many complain their experience has been that while their nurse was very proficient in her bedside duties she found difficulty in preparing simple food, and I endeavour as far as my own work permits and for the credit of the hospitals in which I work, to have a patient say of her nurse, she was not only a splendid nurse but she set up such dainty trays and her food was so appetising.

VI

CASE STUDIES:

As a Means of Linking Science Teaching with that of Nursing

By WINNIFRED N. COOKE, Instructor of Nurses, Royal Jubilee Hospital, Victoria, B.C.

Those of us who are responsible for the training of student nurses are daily confronted with the problem of effective teaching.

This problem, rendered more difficult by the rapid development of medicine and surgery and by the growth of knowledge in bacteriology,

chemistry, dietetics, and other sciences, not only makes increasing demands upon the student nurse, but adds an ever-increasing responsibility to those in charge of her education.

One of our greatest difficulties is that although the student may be very ably taught in the class room, she is often unable to apply this knowledge in her daily care of the patient: she fails to correlate theory with practice. A solution of this problem was offered some years ago by Sister Domitilla of Rochester in the form of the Case Study Method.

This method of teaching student nurses means the assignment, or selection by the student, of certain patients for individual, intensive and scientific study for a period of not less than two weeks. This requires the gathering together of such information as will lead up to the present illness, the examinations, tests, medical, surgical and nursing measures which are being used, and why they are used.

In this way the student sees the patient as a whole and can associate the theoretical knowledge she has obtained from lectures, classes and textbooks, thus linking up class-room work with ward experiences.

Case studies illustrate step by step the relation of science to nursing under the following headings:

Social History: age, nationality, environment; noting particularly anything which might have a bearing on the present condition.

Medical History: Much of this can be obtained from the doctor's clinical chart, bedside notes, interne's medical history, laboratory and x-ray reports, physical findings and records. Only the facts which have a bearing on nursing should be recorded and the student must keep in mind the normal findings, so that she may compare the abnormal reports and tests with the normal.

Treatment and Nursing Care: The greatest part of the study comes under Nursing Care. The student keeps a daily record of the treatment, care, and progress of the patient. If this is not recorded daily, and the student neglects her record for two or three days, she loses the continuity of the case, which is one of the outstanding advantages of this method. She must clearly understand the underlying principle in performing every treatment and be able to state the reaction obtained, for nursing measures are more readily understood when they are considered in relation to definite diseases and conditions.

Discharge and Follow-up: The nurse obtains an actual picture of the onset, the acute stage, convalescence, discharge and follow-up of the patient.

Conclusion of Study: (a) What I taught the patient—This emphasizes the student nurse's responsibility in the teaching of health habits, and in the prevention of disease. (b) What I learned from a study of the patient —This gives the student an opportunity for reviewing her work, and making a note of what she actually learned from nursing this type of patient.

Reference Reading: The student becomes familiar with the use of various reference books, magazines, and journals while searching for information relating to that particular case.

The Case Method is one of the best ways to help the student gain knowledge concerning the patient from all aspects of his life, for by studying the patient in all his reactions, his daily progress, his convalescence and discharge, the student obtains a clear and lasting picture of the disease and nursing problems involved.

The head nurse makes the best supervisor of case studies. She has every opportunity of seeing the problems and difficulties as they arise, and can point out the best methods of nursing, discarding unnecessary detail. Valuable help may be obtained from the social service worker and the dietitian, x-ray and laboratory technicians, internes and physicians; but the student should be taught to obtain the greater part of her information from the patient.

When the Study is completed it is presented to the head nurse for correction and rating; the student is interviewed and questioned to make certain the various findings are understood. This conference with the student is the most important factor in using this method, for it discloses her ability to correlate theory with practice.

A record of all cases studied by each student is kept in the training school office in a book provided for that purpose, or on a programme card illustrated by Miss Jensen in her book on "Nursing Case Studies."

Case Studies should be introduced in the intermediate year in conjunction with medical and surgical lectures, and should be continued until the student has completed her training.

It is thought the student gains a great deal from this method. She is more interested in her patient, and this improves the nursing care. Her knowledge is no longer a mass of ideas, for in bringing it to bear upon the patient's condition it becomes more definite and clear in its application. She determines from her observation the condition of her patient, the degree of severity of the disease, and so becomes a more careful and accurate observer. Another benefit derived from Case Studies is the stimulus to read and study nursing problems.

Thus we find in the Case Study not only the more effective method of teaching, so much desired in nursing education, but also discover in it a successful way of linking up the teaching of science with that of nursing.

VII

THE HEAD NURSE IN HER ROLE OF TEACHER

By SISTER KERR, Director, School of Nursing, Hotel Dieu Hospital, Campbellton, N.B.

Progress, efficiency and service are the slogans of the day. Nursing, like other branches of science, is making rapid strides forward. To teach prevention of disease and how to care for our sick in the most scientific and efficient manner is the aim of every school of nursing. The student must be taught to render service in its highest form and thus will she be contributing to the progress of nursing in general.

Among the many factors that enter into the education of our student nurses we readily give first place to her experience on the wards. The ward has been rightly called the student nurse's laboratory, and it is here that she comes under the influence of the head nurse.

Besides her responsibility of the care of the patients, the head nurse has a great responsibility towards the school of nursing. Her role of teacher is two-fold: she teaches in the true sense of the word and also by her example.

The ideal head nurse is one who possesses a sterling character, sympathetic kindness for the ill and suffering, an understanding of human nature, practical common-sense and administrative ability. She should have had a good preliminary education, followed by a basic course in an accredited school of nursing, and post-graduate work which might either be for the degree of Bachelor of Science in Nursing or a course in administration. Experience in the various fields of nursing is a valuable asset. Not only should she be qualified and have experience, she should keep up with the trend of modern thought in her profession and modern educational methods. She should be

one to whom the students can look up to and later whose memory will remind them of devotedness to duty and high principles of conduct. How often do we see the students adopt the manners and sayings of the head nurse!

To turn to her sphere of action, we must recall that it is only in the ward that the student can be really taught to nurse the patient. In the class-room the student is taught principles and technique in as near ideal conditions as is possible, but it is the duty of the head nurse to teach the student how to adapt her knowledge to each individual patient. In the class-room, hours are spent in studying anatomy, physiology, bacteriology, hygiene and other subjects. This knowledge must be carried to the bed-side. In caring for her patient the student must know where the lesion is, what organ is attacked, what germ is causing the disease, how that disease could have been prevented, etc. Here again we find the head nurse directing the mind of the student, stimulating thought and in some instances showing her how to form conclusions. The head nurse should help the student by teaching her responsibility, self-reliance, that spirit of service which will be so necessary to her in her after-life and that intangible something which we call efficiency.

Modern opinions agree that case assignment is the more logical form of teaching. A head nurse who has her duty as teacher at heart can do much for the development of her pupils. The questions, "How?", "What?", "Why?", etc., appropriately placed and often repeated do much to quicken the observation and awaken a wholesome curiosity and interest to learn the conditions underlying the various symptoms and signs.

Not only the nurses caring for the different cases, but all the nurses on the floor or the section, if the hospital were too large, should benefit to some extent from the experience provided by all the patients. This is obtained by informal conference. The head nurse can call a group of nurses during the less busy part of the day and draw their attention to the outstanding points, symptoms and the like, in the course of the different diseases. If there should be more than one case of the same disease, comparisons could be made of the reaction to treatments, diets, etc.

Another point that can be learned only in the ward is the application of psychology. To study the mental attitude and reactions of a patient and to point them out to a student so that she may recognise them and help the patient to make the necessary adjustments is not an unimportant phase of her work.

She should refer the students to their texts very often; encourage them to use their reference library; try to inculcate into them the desire for further knowledge and the taste for study.

In summing up, it is readily seen that the duties of the head nurse are manifold and important. The better the head nurse the more efficient the student, and if later the student be faithful to her training the greater the benefit to mankind in general.

The First Manitoba Conference on Social Service Work is to be held on October 7th, 8th and 9th, 1930, with the Marlborough Hotel as headquarters.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 153 Bedford Road, Toronto, Ont.

The Interdependence of Private Duty Nursing Problems

By ISABEL MacINTOSH Chairman, Private Duty Section, Canadian Nurses Association

You will agree with me that real co-operation is impossible without a close study of the interdependent influences affecting those with whom co-operation is desired. The road must be paved not only with good intentions but with understanding service. Acting along this line of reasoning, the duty has been assigned to me of attempting the interpretation of some of the private duty nursing problems.

Fortunately or unfortunately, I was asked to do this without being requested to present my qualifications, and they are elusive. However, it may be that the knowledge and understanding of people with their dependence and demands on professional nursing care as revealed through years of experience may count for something; otherwise I hold no brief for my appearance before you.

We must realise that however far we have climbed in the attainment of our ideals, there are yet higher altitudes to gain. There always will be obstacles along this upward way to meet and to master. "Where there is no vision the people perish." This march of progress continually demands a passing of the old to make way for the new, and likewise demands that we keep our minds receptive to the true requirements of the present.

Fortunately, the divisions of nursing form one profession, because it is easier to progress constructively within an organisation that is blazing the way for the entire profession than it is to go forward alone. Moreover, each time we come together for discussion we may find new arguments to increase our chances for a broad and logical solution.

Even the most self-complacent private duty nurse must face the rumour that "all is not well with us," and herein find her complacency disturbed a bit. More than that, these "rumours" assume an attitude of vital interest in the maintenance of the dignity of the entire profession.

Miss Stewart in her history of nursing tells us that "Private duty is the oldest and the basic branch of the profession, yet it was the latest to take on organised professional form, and of all the branches of nursing it has the most difficult and in some respects the most unsatisfactory basis." Perhaps it will not find its channel for growth until those who value it fully understand and thoroughly appreciate its difficulties. It is very apparent that it lacks the power to keep its importance in the limelight while it is ever on the firing line for criticism.

We read that next to the discovery of anaesthetics and then to the discovery of the principles of asepsis, the advance of medical science during the past three of four score years is due most largely to the introduction of trained nursing. No one will dispute the fact that before the comparatively recent advent of the public health nurse, it was the translation of this trained service to the community through the medium of the private duty nurse whereby the recognised value of scientific training was estab-

(A paper read at the General Meeting, Canadian Nurses Association, 1930.)

lished, only to rebound to the glory of the hospital and the medical profession.

Yet, having agreed upon this principle, into this group must come in greater numbers every year, not only the graduate nurses who wish to specialise in private nursing or those who wish to take a short term as a post-graduate experience, but also those who because of their limitations would not be taken into any organised division. It is frequently taken as a matter of course that no matter how untalented a nurse may be she will suit well enough for private nursing. More than three-quarters of the number of graduate nurses, whether acceptable or not, are in this group because of the lack of organised protection.

The Rockefeller Report advises the same basic training for all nurses, while we know that the same qualifications that are so requisite in other highly specialised nurses are to be found in the most successful private duty nurses. In the litany of the Moravian Church there is a petition sufficient to form the nucleus of our work, "Make the bed of the sick, and in the midst of suffering let them feel that thou lovest them." This illustrates the point that technical knowledge is not enough—there must be advanced preliminary education, so that together they may contribute toward the unfolding of that sensitive extra sense which instinctively tells us what to do and what to say.

"This is my work; my blessing, not my doom,
Of all who live I am the one by whom
This work can best be done, in the right way."

The ever-increasing respect for hospital service growing in the minds of the sick and ailing members of any community has two quite apparent effects on the law of supply and demand in private nursing: available accommodation in hospitals has multiplied, thus necessitating a great increase in the number of student nurses required, especially where the lesser cost of nursing service is a consideration; after three years' training these student nurses join the ranks of graduate nurses, but in that time the number of people demanding their services has steadily grown smaller.

The following is a quotation from an address read at the Florence Nightingale Memorial in 1922: "A trade is followed for the profit in it; a profession is exercised for service. A trade flourishes by patents and copyrights and secret knowledge; a profession puts all its knowledge and skill at the service of others. It is a great gain when a man pursues his trade in a fine professional spirit, but a distinct loss when the member of a profession does his work in the spirit of a tradesman."

No less a person than Florence Nightingale herself logically asked, "How can anyone under-value business habits—as though anything could be done without them." The conclusion of this should be an appraisal of the danger threatening our professional standards of quality and service: should hospitals persist in sending hundreds of new graduates each year into this unorganised branch of the profession? However, existing conditions indicate that nurses in this group are finding it impossible to be supplied with a reasonable amount of employment which should be commensurate with their professional status.

The nurse has a very sympathetic understanding of the problem of the high cost of sickness to the family of moderate means, even if there were no higher reason than that she belongs to this economic group herself. It is a strange deviation from the law of averages which creates the situation of having unemployed private duty nurses and at the same time finds many sick people not receiving skilled nursing care who would be greatly benefited by it.

There are many complex and serious problems in the development of organised effort rather than the present individualistic method of work. These are problems which we cannot

work out by ourselves. We must have the co-operation of the other branches of the nursing profession, of the medical profession, of hospital governors, and of the community. It is granted that it would take a centralised, high-powered organisation to bring to maturity these dreams of adjustment whereby there might be nursing service proportionate and professionally adapted to the needs of the community.

It is through the battles fought and won in the private duty nursing field that the barriers have been broken down and the way paved for the coming of the public health nurse. If the best constructive work for public health is to go on, the closest co-operation in ideals must exist between private duty nurses and public health nurses. The hourly and daily aim of the one giving continuous bedside nursing is toward positive health. With her expert skill, her well developed adaptability to all circumstances and her sympathetic presence, a good private duty nurse has an unparalleled opportunity to be a real health teacher.

It matters not in which division of nursing our lot is cast, our greatest aim is to serve our country wisely and to the fullest extent of our ability. This attitude and ideal pervades our whole professional standard. Therefore may we all be inspired with that vision of positive health, "that foundation on which rests the happiness of the people and the power of the country." In so far as we as individuals take our places energetically and purposefully in this march of progress toward the attainment of the present possibilities of our vision, in just so far are we alive to our patriotic promise,

"O Canada, we stand on guard for thee."

REGISTRIES IN GENERAL

I

By HATTIE A. GRUHLKE, Saskatoon, Saskatchewan

Registries in the Province of Saskatchewan are governed by the Graduate Nurses Association, and there are four in the Province.

The aims and objects of the registry might be conveniently summarised as follows:

(1) To be of service to the physician, to the nurse and to the public.

(2) To maintain a standard of education, and the ideals of the profession.

(3) To create a central headquarters for nurses, to inspire the confidence of the public and encourage co-operation.

(4) To arbitrate charges and hours if necessary, thus safeguarding the public and the profession.

(5) To eliminate commercialism and exploitation, and prevent unscrupulous practices.

Registries should be easy to get in touch with and should be governed entirely by their objective, no spirit of commercialism being entertained in their operation.

With the above in mind, they should be controlled by a graduate nurse in good standing. As the value of the registry to the public depends chiefly upon the speed with which demands can be met, a good geographical knowledge of the area within her jurisdiction would be of material assistance.

While it has been found fairly satisfactory to register nurses in the order in which they present, a personal knowledge by the registrar of the compatibility of the nurses at her command would further facilitate service to the public. Nurses, as in other professions, sometimes specialise, and the right nurse in the right place is a worthy consideration, conveying adequate justice to the sick public and to the nurse.

All nurses are required to produce certificate of standing before names

(These papers were read at Round Table sessions of Private Duty Section, C.N.A. General Meeting, 1930.)

are recorded, i.e.: School of Nursing diploma and State or Provincial certificates of registration in the Province in which she uses the registry.

Article 6 of the Constitution, which is incorporated in the Provincial Registered Nurses Act, defines the result of an infringement of professional ethics as follows:

Clause (6). If any charge shall be made in writing against any member of the Association, the same shall be investigated by a committee of three appointed. The committee shall investigate and report to the Executive. A vote of two-thirds of the Executive is required to expel a member from the Association.

It has been found necessary to have a registry committee to settle all disputes and complaints that the registrar need not deal with unpleasantness and that a better fraternal feeling may be maintained.

It has not been found expedient to register practical nurses and undergraduates on our register, although there are occasional calls for their services. If it is to be a registry of fully qualified nurses, why list and place an undergraduate in her place?

The problem of the employment of married nurses may also be worthy of discussion. With conditions such as prevail at present throughout the Prairie Provinces regarding financial shortage and so little demand for the fully qualified nurse, should a married nurse, who at least has maintenance provided by her husband, be given the work an unmarried nurse should have to supply necessities and daily needs?

National Organisation of Registries

National organisation would mean a stronger organisation, giving local registries an insight into working conditions in all parts of the country. It would mean a wider outlook for nurses, with greater resources and greater scope for activities, and both registry and nurse would feel the advantage of having an organisation of national recognition behind them.

While national organisation, however, may be considered decidedly advantageous for registries, national standardisation of fees, except in institutional work, might be less practical.

In outlying and outpost districts, fees and hours have to be much controlled by circumstances and environment. She fights best who sets aside all weights and encumbrances and presses on unhampered to her goal. In short, nursing cannot be commercialised nor can the labours of a nurse be set by "legislature." Nurses do not usually take too seriously the pecuniary end in private nursing or in remote isolated areas other than that required to retain a sufficient margin to maintain health.

What Can Be Done to Secure Night Nurses?

Having so many nurses, in comparison to the number of calls, we have no difficulty in filling our night calls, so we do not experience the trouble you may find in other centres.

Night duty has no illusions, while the ethics of our profession do not permit us to differentiate. Nevertheless, nurses on prolonged night cases, living contrary to natural laws, have worked at the expense of health; hence, no doubt, the question.

The solution, however, does not seem to rest wholly with the registry, rather with the institutions where the greater number of night nurses are required. A day nurse who works under normal conditions of rest, works twelve hours, and the night nurse working under abnormal conditions works equally as long; so why do night duty?

The work is much less strenuous, you will say; but it must not be forgotten that a sick patient requires strict vigilance through the night hours when resistance is lower.

A relieving nurse for two hours would do much to alleviate a night nurse's strain and would warrant greater service to the sick.

In private duty nursing, periods of relief might also be conveniently arranged.

Few callings demand twelve hours' continuous service, with only two thirty-minute breaks.

The question is open and is worthy of discussion.

II

By LILLIAN G. ARCHIBALD, Registrar, Vancouver Nurses' Directory, Vancouver, B.C.

A successful registry should be a forceful, business-like organisation in which the nurses, doctors and public have confidence; one which knows the needs of the community within its area, and is in a position to fill the calls quickly and satisfactorily, whether these calls are for the home or any of the nursing lines.

Nursing service is world-wide. It is indispensible in ali its branches. The private duty nurse can make her standing with the doctors and the community as great as she wishes. True, it is the doctor who directs the nursing care of his patient. He is legally responsible for the outcome of the case, and therefore very naturally much concerned about the care of the patient, but the nurse is allowed great freedom and responsibility. She has been described as being "the doctor's eyes, ears and mind while he is absent."

All physicians and surgeons are emphasizing more and more the demand for young women of good social and intellectual background, with high principles and thorough training and experience in every line of nursing. The private duty nurse is not a specialist, she is a general practitioner of a profession, ready to step in and take control of any situation. In order to do this she must be informed of the latest forms of nursing technique, their application, etc., and she must be able to devise ways and means to carry out their procedure without the aid of special mechanical apparatus.

In her position she will be required to answer many questions; some bearing on her patient, others very often on popular health education, for the nurse seems to be the source from which relatives and friends obtain first-hand information on this subject. Therefore, she requires to be best informed in her professional knowledge.

No other profession, not even that of teacher or clergy, touches human experience in quite the same intimate way nor presents the same opportunity for usefulness or helpfulness. Because a nurse's work often lies with the wrecks and failures in life, it is necessary that she be a person of the highest type. Home to most people is a sacred place; whatever its "skeletons" they must not be broadcast to the world.

A nurse must be mentally alert and intelligently concerned about her patient's welfare. She should make herself so indispensable that the person of moderate means would rather mortgage his home than do without her when a member of the family is critically ill. Good nursing is the same in all places. It has only to be adapted to circumstances. A sense of humour and a correct mental perspective will carry patient and nurse alike far on the road to happiness.

There is another type of nurse that all well-conducted registries should be in a position to supply. One who does not require the long and difficult training of the graduate nurse. This is the practical or undergraduate nurse. We all know that many cannot afford to engage a graduate nurse. These have the district nurse for skilled treatment and employ a practical nurse in a general way.

These practical nurses should have a registry of their own, under the control of the graduate nurses association. They need never be confused with the graduate, because the work they do is not what the well-trained graduate should do. They would be required to give satisfactory references as to character and ability to do the class of work for which they register. They number among their ranks some with part training, who for some reason had to sever connection with the training school before graduating, and the majority without any training other than that furnished in homes. A careful classification, and the keeping of a close record of

their work, are necessary. When a nurse does not do good work the registry very soon knows of it. With the registry for practical nurses under the control of the graduate nurses association, the graduate uniform would not be in so much danger of being worn by those who are not entitled to wear it; also the graduate's fee would not be charged.

This particular registry does not register practical nurses. Some years ago they applied to us to register, but unfortunately we refused their request. Now we know that we could be of greater service to the community if we had a good class of women to step in when the graduate has left, on chronic cases, or where the nurse must also do the house work. That there is a need for them and that they should be under the control of the graduate association is beyond doubt. With this control a reliable class of "follow-up" nurse would be available.

With the advent of ten-hour duty for private duty nurses, the difficulty of obtaining night nurses will not be so great. Going on duty at 8 or 9 p.m. and coming off at 6 or 7 a.m., as the case may be, is quite different from the old custom of twelve-hour duty, which usually meant fourteen hours from the time the nurse left her room until her return.

It is of great assistance to have the nurses classified as to whether they will take day or night duty. If a dearth of night nurses occurs, an appeal to their sense of duty to serve others always brings a good response. When a nurse registers against night duty a good reason should be given. It will often be found that her sleeping quarters are hot, noisy, or in some way uncomfortable for day-time sleeping; or that her health will not permit. Night is the natural time for sleeping, and many cannot stand long stretches of night duty. When two nurses are on a long case, the night and day duty should be alternated. Otherwise the night nurse is often put to the expense of a vacation, perhaps at an inconvenient time.

It is rather curious that often when a nurse is on call for "days only," she is the one selected by the doctor for night duty. There may be many others on call for night, but he must have this particular one, and unless the registrar is in a position to give a satisfactory reason for her not taking night duty there is trouble. On the other hand, if a legitimate reason is advanced, the situation is saved, for the doctor usually has the welfare of the nurse at heart.

In the smaller hospitals in this province day and night duty is alternated. Sometimes one month night and two months day, or one month night and one day, or a change is made every two weeks, depending on the size of the hospital and staff. In these hospitals there is no difficulty in obtaining night nurses, but where the night duty is permanent there is great difficulty.

Some of our private hospitals have an eight-hour system which is very satisfactory. In the larger hospitals the night supervisors have two hours off each night and one whole night a week. Twelve-hour periods on duty are quite unnecessary, and could in every case be avoided if the executives in control would take the trouble to work out a new schedule. Long hours leave no margin for mental or physical recreation of even the simplest type. They have a tendency to wear the fine edge from the patience and rasp the disposition of even the best of temperament.

Hourly Nursing

By E. HENRIETTA DAVIDSON, Toronto

Hourly nursing is one of the more recent branches of the nursing service entirely separate, as far as our special group is concerned, from the organised branches of visiting nursing, and at present is being carried on in Toronto by some three or four graduate nurses from Toronto schools of nursing.

This type of nursing has been engaged in by various individual members of the nursing profession, each continuing until such time as she grew tired of the work or until there was no longer any demand for her services; or possibly in some cases the nurse would decide that since there was no assurance of a regular salary as in the cases of those doing institutional work, the remuneration received for hourly nursing was insufficient. It might be stated here that this scheme of nursing has provided part-time employment, with its accompanying fees, however small, for many nurses unable, for various reasons, to engage in any other occupation.

The writer felt that there was a very large field in Toronto for such a nursing service, and in 1923 gave up private duty nursing to devote her entire time to the establishing of an efficient service for those who do not require the continual care of the private duty nurse; for those who have inadequate accommodation for nurses in their homes, and for those of limited, as well as those of unlimited, means.

Hourly nursing has been for many years a much felt want, and in the majority of homes visited by the writer in the past six years the patients as well as relatives have not only been delighted with the idea but entirely unaware previously of such a service being available. Whether or not hourly nursing is to be a success rests with the amount of advertising the scheme receives. In the past the only advertising it has had has been received through the co-operation of the patients, doctors, nurses, and the registry for nurses.

There are, at present, four graduate nurses in this one particular group, of which the writer is the senior member, doing hourly nursing. All four members are fully qualified graduate nurses, and it is through the untiring energy, time and money spent by each individual member that hourly nursing has met with the measure of success it has so far received. One feels amply repaid for all effort expended in furthering so good a cause, even though at times the remuneration is not equal to that of other branches of the profession.

The work itself has been most interesting and is steadily gaining favour with the people, but there is one drawback to our advancement, and that is lack of advertising, which we are averse to doing through the usual channel, the press; therefore we must rely on the members of the nursing profession, the doctors, the registry, and last but not least, our patients, who are really the best judges of the manifold advantages of this system, and the solving of financial difficulties which today is a very great consideration with the majority of people.

In many cases a patient needs only a bath and a surgical dressing done, an enema given, a bladder irrigated, or some similar attention requiring possibly not more than one hour, so the question has been asked: 'Why should any patient, whether rich or poor, be obliged to engage a nurse for twelve or twenty-four hour duty to do one hour's work when it could be done by an hourly nurse?''

The fees at present are one dollar and a half an hour for the first hour and one dollar for each succeeding hour from the time of entry into the home until departure.

Our work has taken us into the very nicest of homes, and always we find the patients satisfied and appreciative, so much so that some chronic

cases have been administered to for periods of two to three years, which speaks well for the service. One dear old lady said that we had been a god-send to her, and invariably when called to a new case we are told: "I was so surprised to know that I could get such nurses for I never heard of you before." This once again shows that the success of hourly nursing depends to a great extent on the advertising it receives and whether or not the patients and doctors take advantage of it; but, strange to say, many of the doctors are not yet aware of such a service being in existence.

It is to be hoped that the hourly nurses will have the co-operation of all other nurses, who so often, when their services are no longer needed, could recommend one of this group who would be capable of rendering all necessary care; and by doing this they would be helping not only the patient, but also the hourly nurses who are endeavouring to establish a much needed branch of nursing. The hourly nurses frequently are obliged to recommend the calling in of a special duty nurse, and never hesitate to do so, so let us all practice the Golden Rule.

How to Provide an Adequate Number of Nurses for Night Duty

By ANNIE TAYLOR, Toronto

One of the many problems agitating the nurses' registries today is the question of providing enough nurses for night duty in hospitals and private homes.

When a nurse graduates she likes to think that she is a free agent and can choose and plan her life-work as she wishes, which in a sense is true, if she only cares to please herself.

Night duty is the most difficult part of private duty work—the long hours of the night—sometimes not so much actual physical work as the constant watching beside a critically ill or dying patient, with anxious relatives near, which is more of a strain on body and nerves than a case where a nurse works every minute and can see results.

A nurse often finds herself in a cold, uncomfortable house; no comforts and not even at attractive midnight meal prepared or left ready for her. Then there are nurses who cannot sleep in daytime, and when one lives on a busy street, outside noises disturb their rest. But as a rule night cases are not long, and if they are, why not have the nurses change duty, say every two weeks, so that each one shares the night duty?

When a nurse registers for day or night duty, why is she invariably called for night duty? We all have to do our share of it while in training: the registry has its rules which we have to obey, why not add a rule that each nurse should take a certain number of night cases during the year?

There are advantages in night duty. When a nurse has not so much actual nursing to do, and when the patient sleeps, there is time for study and introspection and reading. When she leaves her case in the morning she can have a walk in the fresh air, get some sleep, and at least every other day go out in the afternoon to some entertainment, and so return to duty refreshed and able to bring something in to her patient to cheer and encourage him.

I think the night nurse's hours should be shortened. If the day nurse goes off duty at 7 p.m., the patient, if not very ill, could manage with ward nurses if in the hospital, or care by the family if in the home, for two hours. The night nurse could come on duty at 9 p.m. and go off duty at 7 a.m., putting in ten hours and charging accordingly.

This might make night duty more attractive. A nurse can surely obtain enough evening amusement between cases to allow some sacrifice on her part during a night duty case. Then, it should be some satisfaction to a nurse to know that she is helping the registry solve this problem and also taking some part of the burden from the nurses who have to take on so much night duty.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,

Nutrition Work with the Victorian Order of Nurses

By MARJORIE BELL

The Appointment of a Nutrition Worker

The nurses of the Victorian Order know our Canadian homes better than any other group of people. They see constantly the wasteful buying, poor cooking, and bad food habits which science is pointing to as one of the chief causes of ill health and suffering. Thus it is not surprising that a nutrition worker should be appointed to their staff.

The Central Board of the Victorian Order for Canada began to experiment by attaching a worker to their office for five months, and lending her to the branch offices of Montreal and Toronto to demonstrate what could be done. In October, 1929, Montreal made the appointment permanent for their office.

Staff Education

With a large group of nurses such as there is in Montreal, where hundrede of homes are visited each month, ons nutrition worker can act only in an advisory capacity. The bulk of the teaching must be done by the nurses themselves. One day a week is spent in each of the branch offices and time allowed for individual conferences with the nurses on the special problems of their families and districts. In the beginning, the weekly staff conferences were taken for a definite series of talks on nutrition, and all during the year various phases that seemed to need stressing have been brought to the nurses attention in this way.

Ante-Natal Visits

Adequate ante-natal diet is essential for the well-formed body, good teeth and health of a child, and for the protection of the mother's own reserves. As the responsibility for instruction during this period is carried largely by the Victorian Order of Nurses, it was thought that the nutritionist should give most of her attention to that branch of the work. The nurses refer all cases where they feel there is a likelihood of co-operation. Visits are made if possible to all the primiparas and to the multiparas where there are dietary complications.

Ante-Natal Classes

Ante-natal classes are held in each office. This group teaching saves much time and brings good results. The nutrition worker takes one or two classes in each series, and also has tried the experiment of serving at the end of each class some dish that she would like brought into frequent use in the homes. The recipe is given with it to take away.

Habit Training

Mothers may be quite willing to buy and cook food properly but are unequal to teaching their children to eat it when it is cooked. The task of changing well-established food likes and dislikes or the attitude of the child and mother to feeding is no easy one. Much trouble may be saved if young mothers are told of the difficulties they may expect and have explained to them the best known methods of building up good food habits.

Budgetting

Though the ante-natal period is most stressed, the family in general cannot be entirely neglected. Budgetting has featured largely during the whole year. More and more it seems the one practical way of dealing with the family diet. By the mother keeping a record of what she buys, you find out exactly what the family is eating and can then help to correct the faults. A valuable amount of accurate information on standards of living with regard to food is also collected.

Demonstrations

During the winter a series of demonstrations were given to the practical women who do the housekeeping in the homes when the mother is ill. It is hoped, as a result, to improve the nutrition given to the patient, and also show her a better method of feeding her family when she returns to her duties.

Student Nurses

Nurses are sent to Montreal from the Central Office at Ottawa, to receive a special three-months' training with the Victorian Order. The nutrition worker has six classes with each group. The opportunity, through these nurses, to increase the teaching of nutrition in other parts of Canada makes the classes especially interesting.

Outside Co-operation

The regular activities of the nutrition worker are frequently interrupted by interesting and worth while digressions. Talks are given to various organisations and advice sought by other social agencies. Last winter the worker was allowed time to give a course of lectures to the students of Public Health at the School for Graduate Nurses of McGill University.

At the request of Dr. Grant Fleming, Director of the Department of Public Health and Preventive Medicine, at McGill University, the Director of the Diet Dispensary and the Nutrition Workers of the Child Welfare, and the Victorian Order are compiling recipes for a cook book which will be especially adapted to moderate incomes and good nutritional teaching. To do constructive work in homes one must satisfactorily replace the foods the family are accustomed to. This book will fill a long felt need.

While many of the results are discouraging, often some case will seem to justify the whole, and one marvels at the earnestness with which a busy woman will reconstruct her methods, and enthusiastically pass them on to her neighbours. A mother of six even mailed her new recipes to friends and relatives outside the city.

The nurses enter homes of all classes of people which gives a splendid opportunity for teaching. A nutritionist is needed to keep her subject constantly before them and up to date. She should act mainly as a consultant, suggesting methods suitable to different types, and collecting a useful supply of literature, posters, etc. As the nurses develop their own teaching, more time is spent by the nutritionist in conferences and less in visiting.

SCHOLARSHIPS AWARDED

The Graduate Nurses Association of British Columbia, having decided at its annual meeting to present two scholarships of the value of five hundred dollars each to suitable applicants who fulfilled the conditions, has arrived at a decision through its Council which acted as Scholarship Committee. It was very gratifying to the committee to receive such a large number of applications—40 in all—and after careful consideration scholarships were granted to:

Miss Annie F. Baird, graduate of the Vancouver General Hospital, who wishes to take the Public Health Nursing course at the University of British Columbia.

Miss Nettie Burgess Little, graduate of the Royal Columbian Hospital, New Westminster, who wishes to take a course in Teaching and Supervision at McGill University, Montreal, Que.

MISS E. SMELLIE HONOURED

Miss Elizabeth L. Smellie, Chief Superintendent of Nurses, Victorian Order of Nurses in Canada, recently returned to Ottawa after several months spent abroad. While the guest of Lord and Lady Aberdeen in Scotland, Miss Smellie had the honour of being presented to Their Majesties, King George and Queen Mary when the royal train stopped at Aberdeen en route to the North. Miss Smellie reports that both the King and Queen showed by the questions they asked their interest in nursing in Canada.

Reports Federated Associations

Presented at Biennial Meeting, 1930, Canadian Nurses Association

Brandon Graduate Nurses Association

On May 21st, 1929, a meeting of the Executive of the Association was held to arrange a programme of procedure for the year.

It was decided to arrange the Association into groups, each to be responsible for one meeting. The groups were as follows:

Brandon General Hospital.
Private Duty Section.
Mental Hospital.
Doctors' Wives.
Married Nurses.
Downtown Nurses.

This arrangement proved satisfactory in every way, bringing out a great deal of interest that was otherwise dormant.

Miss Bergmann, Child Welfare representative, having been transferred, Mrs. Darrach carried on her work until the January meeting, when Miss Houston was appointed to represent the Association.

On December 7th, 1929, a resolution was put forth by the Private Duty Section, favouring the adoption of the Winnipeg Directory Schedules, the said resolution being adopted by the Association on January 7th, 1930. Donations were sent to the Children's Aid and Child Welfare.

The choosing of nominees for office in the Canadian Nurses Association proved difficult. These difficulties were reported to the Executive Secretary.

(Sgd.) ALICE PIERCE, Secretary.

Brantford General Hospital Alumnae

There have been twenty-four regular meetings and six special meetings held since 1928.

Five members have been made Life Members of the Association.

The Florence Nightingale Nurses' Association was entertained at two bridge and euchre parties.

The "Blanche Neff Ward," in the Private Wing, endowed by the Alumnae, was redecorated by the Association.

A Convener on Archives Committee was appointed to obtain all possible names and addresses of past graduates of the Brantford General Hospital Training School for Nurses.

The Constitution and By-laws were revised.

Eleven-hour duty was started in March, 1930, for the Private Duty Nurses.

(Sgd.) HILDA D. MUIR, Secy.-Treas.

Edmonton Graduate Nurses Association

Current problems of interest to nurses were discussed by well-informed speakers at several monthly meetings.

The Constitution and By-laws were amended and printed and plans worked out whereby the younger graduates might become interested in nursing politics and the national nursing journal.

The Association has become a corporate member of the local branch of the League of Nations in Canada Society.

The earlier part of 1929 was devoted chiefly to discussions relative to arrangements, etc., for the I.C.N. Congress. The Association was well represented at the Congress; these members brought back not only facts, figures and word pictures of what took place, but some of the atmosphere of international friendliness and goodwill, and also some of the spirit of helpfulness and understanding of mutual problems which were so apparent throughout the many meetings and discussions.

In November, 1929, when the joint meeting of the Alberta Hospital Association and the Registered Nurses Association of Alberta was held in Edmonton, members of the Association were hostesses at a largely attended luncheon.

(Sgd.) CHRISTINA DAVIDSON, Secretary.

The Medicine Hat Graduate Nurses Association

The regular meeting of the Association was held each month at the home of a married member, with the exception of the two summer months, with a fairly good attendance at each meeting. The business sessions were followed by a social hour of bridge, and refreshments served by the hostess. At several meetings papers were read.

A garden party, tea and bridge parties have been given to augment the funds.

Contributions have been made each year to the Children's Shelter, The Hospital Aid Society, and in 1929 to the Entertainment Committee of the International Council of Nurses.

The Association was represented at the International Congress of Nurses at Montreal.

Members in good standing, twenty-eight.

(Sgd.) M. E. HAGERMAN, Secretary.

Montreal Graduate Nurses Association

The past year has been a most successful one, the membership being increased to 891, a net increase of 62 over 1928, and also the largest since the inception of the Association.

The general meetings were held in January, April, October and December.

The annual meeting in January replaces the general meeting which is held on the second Tuesday of the month.

The outstanding events of the programme were: illustrated lectures on medical diseases; cultural subjects and entertainments.

The Griffintown Club was assisted with the programme by the nurses from the various hospitals, and the Saturday "at homes" were, as usual, well attended.

All members participated in the preparations for the I.C.N. Congress, 1929.

(Sgd.) E. MACKAY, Secy.-Treas.

Vancouver Graduate Nurses Association

The activities of the Vancouver Graduate Nurses Association through the session of 1928 to the present date were mostly lectures which were given once a month by prominent doctors and members of the community on subjects which were of interest to nurses, either in their own profession or in matters which were agitating the mind of the general public.

A fund was raised for a memorial to the late Dr. Cummings; the memorial is a bed in the Crippled Children's Hospital.

Members of the Vancouver Graduate Nurses Association have also shown a great deal of interest in the City Creche, which is very much indebted to them for advancements in education and recreation for the children.

During the present year the Vancouver Nurses have introduced the 10-hour day for private duty nurses which, after a great deal of discussion both with the Hospital authorities and the medical profession, is now in effect and appears to be approved by patients and doctors.

Dr. Weir, the Director of the Survey of Nursing Education, issued his questionnaire to the nurses of the Association; from information available it seems that the majority of these questionnaires were completed and returned promptly to the Director of the Survey, and we think that a great many of them have answered and returned their copies to his office.

Several other small activities were organised by the Association for maintaining the flower fund for sick nurses.

(Sgd.) MARGARET DUFFIELD, President.

Hamilton General Hospital Alumnae

Members in good standing, all of whom are subscribers to "The Canadian Nurse," 345.

Representation of Association: one to Biennial Meeting, C.N.A., 1928 and 1930, and three delegates to each annual meeting, R.N.A.O.

Every effort has been made to arouse interest in the National Survey of Nursing.

A central registry is managed by a committee from the Alumnae.

A large amount of money is raised yearly for the carrying on of a Mutual Benefit Association, providing financial assistance to sick nurses, graduates of this Hospital.

Regular monthly business meetings are held and many social functions also.

Montreal General Hospital Alumnae

Eight general meetings were held annually with an average attendance of 82.

A number of important amendments were made to the By-laws.

The Sick Nurses Benefit Fund has proved very beneficial to sick members. It has been decided that by 1931 it shall be necessary to increase annual dues in order to provide hospital care for members who are ill. The present arrangement permits a member to have two months hospital care free.

The Private Duty Section has been studying hourly nursing and ten-hour duty. This section entertained 400 private duty nurses at tea during the I.C.N. Congress, while the Alumnae held a reception for members of the Grand Council I.C.N. and other overseas nurses who arrived early for the Congress.

Instructive addresses on nursing and several cultural subjects are enjoyed each year.

The present membership is 507.

(Sgd.) LOTTIE URQUHART, Secy.-Treas.

Western Hospital, Montreal, Nurses Alumnae Association

The Alumnae was responsible for the editing of "The History of the Western Hospital," this book being completed in 1929.

A scholarship of $250.00 to McGill School for graduate nurses was given to Miss Vernie Kerr, Class of 1926.

A number of the nurses attending the International Congress of Nurses, held in Montreal, in July, 1929, were entertained at a tea given in the Nurses Home.

The Annual Alumnae Dinner was held at the Ritz-Carlton Hotel on April 24th, 1929.

In December, 1928, a sale of work was held in the Nurses Home, at which the sum of $543.09 was realised, and in November, 1929, the sum of $470.10 was raised in the same way.

The amount of Sick Benefit paid during the year 1929, $254.75; and during 1929, $202.50.

Average attendance at monthly meetings, 12.

(Sgd.) OLGA MCCRUDDEN, Secretary.

Niagara Falls General Hospital Alumnae

The Alumnae entertained each Graduating Class at a banquet, and was hostess to District No. 4, R.N.A.O., in quarterly meeting.

The Alumnae room in the General Hospital was redecorated.

Contribution was made towards the I.C.N. Congress Fund, and a representative to the Congress was sent by the Association.

(Sgd.) V. ELLIOTT, Secretary.

Lady Stanley Institute Alumnae

Activities included—

Sending a delegate to the annual provincial meeting.

Assisting with entertainment for members of the Grand Council, I.C.N., on July 3rd 1929, and contributing to the Congress Fund.

Donations made to several local charities, a wreath placed on the Cenotaph on Armistice Day, Christmas cheer and flowers sent to sick and bereaved members.

Funds raised by holding a rummage sale and several bridge parties.

Quarterly reports of activities were printed and sent to out of town members, and a dinner and bridge is held annually for the members.

Interest and attendance at regular meetings have increased since these meetings have been held in the homes of the members.

(Sgd.) O. B. SKUCE, Secretary.

St. Boniface Hospital Alumnae Association

Donation of General Proficiency Medal to the yearly graduating class of the training school.

The monthly meetings were favoured with speakers on subjects relating to nursing, medical art and literature, and also practical demonstrations on social service and public health work were given.

The individual professional services rendered where needed, among those unable to financially share the same, are noted among our members.

(Sgd.) ELLEN FARRELL, Secretary

Toronto General Hospital Alumnae

Activities of the Association during the period 1928-1930 may be placed under the following headings:

THE ASSOCIATION

1. The first News Letter of the Association was prepared and distributed.
2. The number of general meetings was reduced, the business of the Association being dealt with chiefly at meetings of the Executive Committee.
3. An instructive course of lectures was arranged.
4. The constitution was revised.

THE SCHOOL

1. The graduating class is entertained each year at an Alumnae dinner.
2. An annual prize is awarded for competition in intermediate class.

OUR OWN MEMBERS

1. One of the members was given a life membership in the Alumnae.
2. A scholarship was awarded for 1929-1930.
3. Sick members were visited.
4. Nurses in foreign fields were written to.

PROFESSIONAL

1. A payment of $680.00 was made toward the expenses of the International Congress of Nurses.

(Sgd.) JEAN MACGREGOR, Secretary.

BOOKS RECEIVED

Handbook of Pediatric Procedures, by Francis Scott Smyth, M.A., M.D., and Edith I. M. Irvine-Jones, M.B., Ch.B. This textbook is published to meet the demand for brief descriptions of methods for the study and treatment of disease in Children. Published by the MacMillan Company of Canada, Toronto. Price $2.75.

The Principles and Practice of Hygiene, by Dean Franklin Smiley, A.B., M.D. Adrian Gordon Gould, Ph.B., M.D., and Elizabeth Melby, M.A., R.N. Published by the MacMillan Company of Canada, Toronto. Price $2.75.

National Health Publication, No. 51: "Keep Him Well", a leaflet in two parts. The first deals with the prevention of infantile paralysis, and the second describes treatment which may cure disablement and prevent deformity.

National Health Publication, No. 43: "Rickets, Prevention and Cure," in which the cause, signs of, prevention and treatment are described in a concise manner in an attractive leaflet.

Copies of these publications (English and French) can be obtained upon request from The Deputy Minister, Department of Pensions and National Health, The Elgin Building, Ottawa, Ont.

REGISTRATION of NURSES

Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to

MISS A. M. MUNN, Reg.N.,
Parliament Bldgs., Toronto

News Notes

MANITOBA

BRANDON: The Brandon Graduate Nurses Association entertained at dinner at the Cecil Hotel, in honour of Mrs. Baragar and Miss D. Cannon. Following the dinner Mrs. Pierce presented Mrs. Baragar with a lovely silver dish as a slight token of the love and good wishes of her friends. Miss D. Cannon, who leaves soon to assume new duties in Toronto, was presented with a leather purse, the presentation being made by Miss I. Fargie, one of her classmates.

The medical fraternity and staff of the Brandon Mental Hospital gathered together to honour Dr. and Mrs. A. C. Baragar, when farewells and best wishes were extended to the departing superintendent and his wife. As a memento of happy years spent together and a tangible form of regard, the staff presented Mrs. Baragar with a beautiful silver serving tray. Following an enjoyable musical programme, luncheon was served, and the evening brought to a close with dancing.

Miss J. Anderson, of the Mental Hospita Staff, has returned from an extended trip abroad. While on the continent Miss Anderson visited Oberammergau to witness the Passion Play.

WINNIPEG: It was with sincere regret the nurses of Winnipeg and Manitoba received the announcement of Miss Jessie E. Grant's resignation as Superintendent of Nurses, Winnipeg General Hospital School of Nursing. Since coming to the Province, over four years ago, Miss Grant took an active part in nursing education affairs, as Chairman of the Nursing Education Section and Member of the Board of Directors, Manitoba Association of Registered Nurses and Member of the Board of Examiners for the Registration of Nurses. From January, 1929, to June, 1930, as Vice-Chairman of the National Nursing Education Section, Miss Grant was Acting Chairman. Under her direction the M.A.R.N. were able to have published a Minimum Curriculum for Approved Schools of Nursing in the Province of Manitoba. Previous to her departure on September 1st, a number of social affairs were held in Miss Grant's honour. Among these was a luncheon by the Board of Directors, M.A.R.N., when the presentation of a beautifully mounted Parker Pen was made. The members of the Faculty of the School of Nursing, Winnipeg General Hospital, entertained at dinner at the Royal Alexandra Hotel, following which a presentation, on behalf of the student nurses and staff was made during a social hour at the Nurses Residence. Expressions of regret on Miss Grant's leaving were accompanied with the gift of a complete silver toilet set in Lady Hamilton design. The best wishes of her students, faculty members and all other nurses are offered to Miss Grant in her future undertakings.

GENERAL HOSPITAL, WINNIPEG: Miss Mildred Reid (1924, and School for Graduate Nurses, McGill University, 1926), who for the past four years has been Science Instructor for Nurses, Winnipeg General Hospital, on October 1st joined the Bacteriological Staff of the Manitoba Medical College.

Miss Eleanor Martin (1929), has accepted a position on the staff at the hospital at Cold Lake, Alta., where Miss N. J. Bullock (1911), is matron. Miss Mabel Davidson (1927), has accepted a position on the W.G.H. nursing staff. Miss Mabel Stutter (1929), from Ford Hospital, Detroit, has been a recent visitor in Winnipeg. During the recent B.M.A. meeting held in Winnipeg, the following visited the city: Mrs. (Dr.) Harry Carson (Eva Taylor, 1920), of Premier, B.C.; Mrs. (Dr.) Lewis Gryte (Ainslee Andrew, 1923), of Long Island, New York; Mrs. (Dr.) W. G. McPhail (Hilda Vance, 1925), of Oyen, Alberta; Mrs. (Dr.) Lynn Gunn (Melrose King, 1925), of Fort Frances, Ontario; Mrs. (Dr.) W. Wright (Hazel Irons, 1926), of Grenora, N.D.; Mrs. (Dr.) Frank McGuire (Marion McInnes, 1925), of Inkster, N.D.

To Miss Jessie Kerr (1921), deepest sympathy is extended on the death of her mother.

NEW BRUNSWICK

CHIPMAN MEMORIAL HOSPITAL, ST. STEPHEN'S: Miss Grace Moffat, Superintendent, after undergoing a successful operation, has gone to Montreal to recuperate. Miss Maida Baskin has presented the Hospital with a Chase Doll. Miss Jessie Sanson, who has been doing private duty work in New York, spent the summer in New Brunswick. Miss Stella Gibbon, who has been a patient in the Hospital, has returned to her home. Miss Gertrude Hughes has returned from St. Agathe, Que., where she was a member of the staff at Laurentian Sanatorium, and has taken up private duty work in St. Stephen. Miss Loie Messereau was a member of the staff of the C.M.H. for the summer months. Miss Jennie Sinclair, anesthetist, spent the month of September in Albert, N.B. Miss Annie Spinney, Technician of the Physio-Therapy Department, has resigned. Her place will be filled by Miss Florence Orr, of St. Stephen, who until recently had charge of the Physio-Therapy Department of the Travellers' Insurance Company in Buffalo.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario, in September, 1930, were 1,186. Eight less than in August, 1930.

APPOINTMENTS

WESTERN HOSPITAL, TORONTO: Miss Gwladwen Jones (1927), Supervisor of Probationers' practical work on Wards, Toronto Western Hospital. Miss Isobel Buckley (1928), Supervisor of Ward D, Toronto Western Hospital. Miss Marion Malloy (1927), relieving for three months at the T. Eaton Co., Toronto, on the Industrial Nursing Staff.

GENERAL HOSPITAL, TORONTO: Ella Grant (1915), Research Department; Edith Smart (1929), to the Social Service Staff, Toronto General Hospital.

GENERAL HOSPITAL, BROCKVILLE: Misses Leila and Lillian Gibson (1929), to the staff of the hospital at West Hudson, Kearny, New Jersey.

DISTRICT 2 and 3

GENERAL HOSPITAL, WOODSTOCK: The members of the Alumnae held a reception recently on the grounds of the Nurses Residence, in honour of Miss Frances Sharpe, who is retiring after twenty-nine years as Superintendent of Woodstock General Hospital. Miss Sharpe was the recipient of a beautiful wrist watch set with diamonds and sapphires. Many members from the United States were present for this occasion.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: Miss Tobias (1909), and Miss Grace Chapman (1929), were in charge of the Auxiliary Camp for Convalescent Children at the Brant House during July and August.

Miss Atkins (1926), and Misses E. J. Cooper and Constance Woodford (1927), were successful in the Summer Course (1930), for School Nurses at the University of Toronto.

DISTRICT 4

GENERAL HOSPITAL, ST. CATHERINES: The annual meeting of the Mack Training School Alumnae was held in the Leonard Nurses' Home on Wednesday, September 3rd. Following the business session election of officers for the coming year took place. Presentations were made to the superintendent, Mrs. Wright, and to the retiring president, Mrs. Chas. Hesburn, appreciation being expressed to the latter for her interest in the Alumnae during the past two years. Misses Kelman, Roberts, Lymburner, Brebner were out of town graduates present for this meeting. After the meeting refreshments were served.

Miss Anna Mitchell (1930), has accepted a position as night supervisor in the St. Catherines General Hospital.

DISTRICT 5

ST. JOHN'S HOSPITAL, TORONTO: At the annual graduation exercises of the School of Nursing, ten nurses received their diplomas, and the following awards were made: General Proficiency, donated by the Hospital, to Miss Hetherington; Dr. Shier's prize for Operating Room Technique, to Miss Evelyn Roberts; Miss Hiscock's prize for Proficiency in Bedside Nursing, to Miss Nora Ford—a similar prize by Miss Morgan was awarded Miss Ham, of the Intermediate Class. The diplomas were presented by Rev. H. C. S. Morris, the Sisters' Chaplain, and the prizes by Dr. Crawford Scadding. The customary church service was held several days preceding graduation. Several social events were arranged in honour of the Class, among which was a Dinner Dance by the Alumnae.

DISTRICT 7

GENERAL HOSPITAL, BROCKVILLE: The annual graduation exercises of the Brockville General Hospital were held in the auditorium of the Collegiate Institute on June 10th, twelve nurses graduating.

QUEBEC

SHERBROOKE HOSPITAL, SHERBROOKE: Miss Georgia Crawford has succeeded Miss Gallop as night supervisor. Misses Murray, Dearden and Foley spent their holidays camping in North Hatley. Unfortunately Miss Dearden was forced to leave camp to undergo an operation, and it is hoped that she will be able to be back to work soon. Miss Hilda Bernier has returned from a visit to friends in Toronto. Miss Work has left for the Western Coast, visiting points on the way. The trip will extend over eight weeks. Miss Ella Morrisette has returned from an extended motoring trip during which she visited Miss Moffat, Superintendent of the Chipman Memorial Hospital, St. Stephen's, N.B., who was formerly Assistant Superintendent of the Sherbrooke Hospital.

THE MONTREAL GENERAL HOSPITAL: Miss Henriksson (1927), has resigned from her position as Charge Nurse of Ward J, and has gone to New York. Miss M. I. McLeod (1930), succeeds Miss Henriksson. Miss A. Margaret McKay (1929), has given up her position in the Out Patients' Department to take up Anaesthetics in the Operating Room, succeeding Miss Marion Ives (1924), who has resigned. Miss Theodora McDonald (1929), succeeds Miss McKay in the Out Patient's Department. Miss Cruise (1929), has resigned from the Operating Room staff and is succeeded by Miss Reinauer (1929), Miss R. Noble (1929), succeeds Miss Reinauer as Charge Nurse on Ward L. Miss Eunice McDonald and Miss B. J. Smith (1930), are relieving on night duty. Miss Webster, Night Superintendent, is on leave of absence owing to the serious illness of her sister. Miss Mills (1928), has resigned from the teaching staff and is leaving shortly for Havana, Cuba. Miss M. J. Dennistoun (1929), succeeds Miss Mills. Miss McCosh (1926), has returned from Scotland and is in charge of Breheuer Rest, St. Agathe de Monts, P.Q. Miss Madeline Taylor (1924), who has been doing Victoria Order of Nurses work in Regina, has gone to Edmonton where she will be engaged in the same work.

SASKATCHEWAN

CITY HOSPITAL, SASKATOON: Miss Bessie Brown (1920), is leaving shortly to take a post graduate course in Pediatrics at The Babies Hospital, New York. Miss E. Ratcliffe (1926), has resigned her position as Instructor of Nurses, and is being succeeded by Miss E. Amas (1923).

C.A.M.N.S.

WINNIPEG: Mrs. E. Greenwood (Nursing Sister Myrtle Jephson), who has been visiting relatives and friends in Winnipeg and Cookstown, N.D., for the past six weeks has returned to her home in Edmonton. Mrs. G. Parker (Nursing Sister Vaughan) was a visitor in town for a few days last month. Miss Margaret Cumming and Miss Jean McDonald who have been visiting friends in the City, have returned to New York. Miss Irene Barton, Deer Lodge Hospital staff, has returned from a two weeks, vacation spent at Victoria Beach. Miss A. McLeod, Deer Lodge Hospital staff, was a visitor in Brandon last month.

A very interesting religious service was held on the grounds of the Parliament Buildings during the 98th Annual Meeting of the British Medical Association held in Winnipeg during August of this year. A group of twenty-three Nursing Sisters, representing the Nursing Sisters' Club, attended this ceremony on August 26th. The Sisters wore the Army Service uniform and their decorations. Following the ceremony the Sisters had tea at the Fort Garry Hotel, where they were joined by several of their fellow members.

Nursing Sisters of District No. 10 learned with regret of the death on September 18th, of Major Wm. Robertson, Chaplain of the District for the past ten years.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CROSS—On June 20th, 1930, at Dryden, to Mr. and Mrs. Joseph Cross (Lucy M. Peters, Toronto General Hospital, 1924), a son.

EARLY—On June 18th, 1930, at Toronto, to Mr. and Mrs. G. E. Early (Edith Jackson, The Wellesley Hospital, Toronto, 1928), a son.

FENTON—On August 16th, 1930, at Toronto, to Mr. and Mrs. Charles Fenton (Marguerite Smithson, Toronto General Hospital, 1921), a son.

GRAY—On August 19th, 1930, to Dr. and Mrs. Harris Gray (Mary Anderson, Toronto General Hospital, 1925), a son.

HAVERTY—On August 25, 1930, at Shaunavon, Sask., to Mr. and Mrs. H. E. Haverty (Mabel Stowe, McKellar Hospital, Fort William, Ont.), a daughter.

HUTTON—On September 8th, 1930, at Winnipeg, to Mr. and Mrs. Wm. Hutton (Velva Yerex, Winnipeg General Hospital, 1927), a son.

JENSEN—On July 13, 1930, at Hamilton, to Mr. and Mrs. C. L. Jensen (Ina Mather, Hamilton General Hospital, 1918), a daughter.

JOHNSON—In August, at Toronto, to Mr. and Mrs. G. O. Johnson (Eleanor McKay, Toronto General Hospital, 1923), a daughter.

JOHNSTON — Recently, at Hainsville, Ont., to Mr. and Mrs. Harvey Johnston (Ruby Feader, Cornwall General Hospital, 1926), a daughter.

KENNEDY—On June 19th, 1930, at Toronto, to Mr. and Mrs. H. R. Kennedy (Marguerite Johnston, The Wellesley Hospital, Toronto, 1927), a son.

LYONS—On August 18th, at Montreal, to Mr. and Mrs. E. L. Lyons (Anna McKay, Montreal General Hospital, 1921), a daughter.

MacDONALD—On August 9th, 1930, at Toronto, to Dr. and Mrs. J. L. MacDonald (Miriam Smith, The Wellesley Hospital, Toronto, 1923), a son.

MIDDLEBOW — In August, at Owen Sound, to Dr. and Mrs. J. Middlebow (Kaye Hamilton, Toronto General Hospital, 1926), a son.

MILLER—On August 16th, 1930, at Toronto, to Mr. and Mrs. Lawrence Miller (Jessie McDermid, Cornwall General Hospital, 1927), a son.

SLOCOMBE—On August 2nd, 1930, at Port Dover, Ont., to Dr. and Mrs. Geo. W. Slocombe (Ida Maines, Toronto Western Hospital, 1923), of Selkirk, Ont., a son.

TAYLOR—On August 2nd, 1930, at Saskatoon, to Mr. and Mrs. J. Taylor (Bessie Johnson, City Hospital, Saskatoon, 1929), a son.

WHITTLES—On July 22, 1930, at North Bay, Ont., to Mr. and Mrs. Whittles (Winnifred Smith, Montreal General Hospital, 1921), a daughter.

MARRIAGES

ANDERSON—WILLIAMS — On August 30th, 1930, at Bradford, Ont., Alexandra Williams (The Wellesley Hospital, Toronto, 1928), to Earle Anderson.

ANNETT—DUNLOP—On June 16th, 1930, at Calgary, Ruby Dunlop (Winnipeg General Hospital, 1927), to Dr. Victor L. Annett.

BOYD—LAMONT — In August, 1930, Phyllis Lamont (Toronto General Hospital, 1925), to W. D. Boyd.

CAMPBELL—CLEE—On August 14th, 1930, at Calgary, Alta., Gussie Clee (Winnipeg General Hospital, 1928), to Cecil A. Campbell.

COMBE—SMITH—On September 4, 1930, at St. Catharines, Mary A. Smith (St. Catharines Hospital, 1926), to William R. Combe.

DOUPE—CHAFFEY—On June 7th, 1930, at Winnipeg, Frances Chaffey (Winnipeg General Hospital, 1926), to Sommerville Doupe.

FALCONER—PATRICK — On September 6th, 1930, Dorothy May Patrick (Toronto General Hospital, 1928), to Dr. James Gilbert Falconer.

GAUDIN—KERVIN—On September 6th, 1930, Audrey Allen Kervin (Toronto General Hospital, 1929), to Dr. Francis Hugh Gaudin.

HANNA—CLEMENS—On August 9th, 1930, at Campbellford, Ont., Miss Geraldine Clemens (The Wellesley Hospital, Toronto, 1928), to O. S. Hanna.

HOLMES—KINGSBURY—On August 19, 1930, at Rouleau, Sask., Verna Kingsbury (Winnipeg General Hospital, 1929), to Murray Holmes.

KOONS—CAVERLEY—Recently, at Bowsman River, Man., Alice Caverley (Winnipeg General Hospital, 1928), to Herman Koons.

MATHEW—TREMAINE—On August 30, 1930, at Montreal, Phyllis Tremaine (Montreal General Hospital, 1927), to L. E. Mathew, of London, Eng.

McCORQUODALE—CARMICHAEL — On June 26th, at Mitchell, Ont., Evelyn Carmichael (Woodstock General Hospital, 1928), to Percy McCorquodale, B.A., of London, Ont.

McKAY—BISHOP—In July, 1930, at Perth, N.B., Alice Bishop (Chipman Memorial Hospital, St. Stephen), to Seymour McKay, of St. George, N.B.

McTAGGART—DEFOE — On September 6th, 1930, Hazel Defoe (Toronto General Hospital) to Donald H. McTaggart.

METCALFE—WALTON—On June 29th, 1930, at Port Loring, Ont., Marjorie Walton (Toronto Western Hospital, 1927), to Joseph M. Metcalfe.

MILLET—CAMPBELL—On March 12th, 1930, at Sherbrooke, Que., Margaret M. Campbell, of Asbestos, Que., to Ellis F. Millett.

MURRAY—RAY—On August 19th, 1930, at Winnipeg, Cecelia Ray (Winnipeg General Hospital, 1924), to Wm. Murray.

O'BRIEN—SMELSER — On July 2nd, 1930, at Hamilton, Leah Smelser (Hamilton General Hospital, 1918), to Leo Joseph O'Brien.

PARSON—TREFFRY — On June 16th, 1930, at Otterville, Ont., Alice Treffry (Woodstock General Hospital, 1929), to Rev. P. Parson, of Walter Falls, Ont.

RILEY—HARDING—On April 21st, 1930, at Sherbrooke, Que., Aimee Dorothy Harding to George Edward Riley, of Montreal.

ROBERTSON—BUCHANAN — On July 24th, 1930, at Sherbrooke, Que., Henrietta Buchanan to Rev. Duncan Robertson, of Scotsville, Que.

SAMPSON—LARMER — On September 1st, 1930, at Hargrave, Man., Eva Larmer (Winnipeg General Hospital, 1925), to Allan Sampson, of Winnipeg.

SAWYER—LEWIS—On July 18th, 1930, at Hamilton, Gladys V. Lewis (Hamilton General Hospital, 1928), to Thomas Sawyer.

SCHLEMMER—MILLER—On July 8th, 1930, Sarah Alice Miller (Victoria Hospital, London, Ont., 1925), to Herbert Grant Schlemmer, of Detroit, Mich.

SHERIDAN—IRWIN — On June 27th, 1930, at Harlem, Ont., Veita Irwin (Brockville General Hospital, 1925), to Herman Sheridan, of Brockville.

STAMFORD—CARL—On June 28th, 1930, at Brockville, Ont., Mabel Carl (Brockville General Hospital, 1928), to Harold Stamford.

STEVENS—McMILLAN — On September 6th, 1930, at Greenbank, Ont., Mabel R. McMillan (Toronto Western Hospital, 1925), to Arthur H. Stevens, B.S.A.

SWAN—CHRISTIE — On August 16th, 1930, at Stonewall, Man., Pearl Christie (Winnipeg General Hospital, 1927), to Andrew Swan, of Winnipeg.

DEATHS

FRASER—On August 18th, at Sydney, N.S., Mrs. Kenneth Fraser (Hannah McLennan, Montreal General Hospital, 1914).

LYONS—On August 18th, at Montreal, Mrs. E. L. Lyons (Anna McKay, Montreal General Hospital, 1921).

McNEIL—On September 7th, 1930, at Brandon, Man., Mrs. A. T. McNeill (Jessie Stirling, St. Boniface Hospital, St. Boniface, Man., 1904).

THE REGINA GENERAL HOSPITAL
REGINA - - SASK.

offers a six-month Post-Graduate course in Obstetrics. Open to Graduate Nurses registered in the Province of Saskatchewan. For further information address: Superintendent of Nurses, Regina General Hospital, Regina, Saskatchewan.

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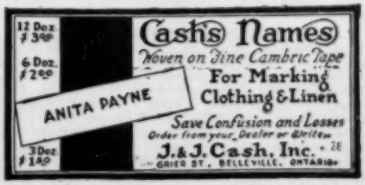

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Theory—40 hours Nursing Procedures, 24 hours Obstetrical Nursing, 8 hours Anatomy and Physiology, Lectures by Attending Staff.

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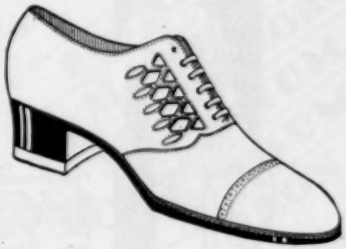

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